is necessory, pieose exerirector. Poge 4 should be TO DEPY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any decities necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral inector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your set.

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VS. A15ME(5) 5M 9/55

or removal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **U3994** 4055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| - | | | | | | | | | Keg, D | 151, 140 |). | |
|---------------|---|---------------------------------|--------------|-----------------------------|--------------------------|-----------------|----------------|------------------|------------|-----------|-----------|------------|
| 1. | PLACE OF DEATH | | | | 2. USUAL RESIL | DENCE (When | e deceased li | ived. If Institu | | ence bel | fore adm | issian) |
| - | L CITY OR TOWN | Allegany | | MARYLAN | M | arylan | | | Α | | rany | |
| | and give nearest town) | outside corporate limits, write | RURAL | c. LENGTH OF STAY IN 1 | c. CITY OR T | OWN (If out | side corporal | le limits, write | RURAL on | d give n | earest to | lwn) |
| H | Cumberla | | | 1 Day | Cumberland | | | | | | | |
| | 612 Elm | | not in hos | pital, give street oddress) | d. STREET AL | DDRESS Dente | Str | oet | | | ON | A FARM? |
| 3. | NAME OF DECEASED | First | | Middle | Last | | DATE | Monti | 1 | Day | 1 | fear |
| | (Type or print) | John | | Hunter | Bittner | | OF DEATH | April | 501 | 7 | | 9 60 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | | | 9. / | GE IIn years | IF UNDER | TYEAR | | ER 24 HRS. |
| ı | Male | White | WIDOWED | DIVORCED | July 3.1 | 913 | | to yes. | Months | Days | Hours | Min. |
| 10 | . USUAL OCCUPATIO | N (Give kind of wark d | one 10b. K | IND OF BUSINESS OR IND | USTRY 11. BIRTHPLA | CE (State or f | oreign count | | 12. CIT | ZEN O | F WHAT | COUNTRY? |
| | Clerk | | | erve center | | wland | | | | II | .S.A | |
| 1: | 3. FATHER'S NAME | | 1.30 | | 14. MOTHER'S M | 0 | E | | | | | |
| | | John T. Bit | tner | | H | lva Jea | nnette | o Trimh | 7e | | | |
| 15 | S. WAS DECEASED EVE | R IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. 17 | . INFORMANT | | 222 | | Charl | 28 | Stre | n+ |
| L | Yes | WW II | | 14-05-6165 | Nevin T. E | Bittner | | nberlan | | | | 009 |
| Г | 18. CAUSE OF DEAT | H [Enter anly ane caus | per line f | | | | | | - | INTER | VAL BETW | EEN |
| | PART I. DEAT | H WAS CAUSED BY: | | Coronary O | celusion | | | | | | I AND DE | |
| | 470 | DUE TO | | | | | | | | 1 | uuuc | 711 |
| | Conditions, if an | y, which) (b) | | Coronar | y Sclero | sis | | | | b. | | |
| | gave rise to immedi (a), stating the u | iate cause (| | | | | | | | | | y |
| | cause last. | (c)_ | | | | | | | | | | |
| Z | PART II, OTH | ER SIGNIFICANT COND | TIONS CO | NTRIBUTING TO DEATH BU | T NOT RELATED TO T | HE TERMINAL | DISEASE CO | NDITION GIV | EN IN PAR | T 1(a) 19 | P. WAS | AUTOPSY |
| 3 | | | | | | | | | | , | PERFO | NO X |
| CERTIFICATION | 20g. EXTERNAL CAUSE OF DEATH. | SE WAS 20b | DESCRIBE | HOW INJURY OCCURRED | (Enter nature of inju | ry in Port I ar | Port II of its | em 16.) | 0.1 | | | |
| | | 1110011140 | | | | | | | | | | |
| MEDICAL | 20c. TIME OF INJUR | Y Month, Day, Year | | | LACE OF INJURY (He | ome, form, 2 | Of. (City or h | own) | (Cou | inty) | | (State) |
| MED | Havr a.m. p. m. | 19 | While at wor | | actory, street, affice b | nag., elc.) | | | | | | |
| | 21. I certify the | at I took charge | of the r | emains described a | oave, held an | Autopsy [|], Inspe | ection 7 | Inquir | y [X] | and | find that |
| | | | | Accident . S | | | | ermined c | | _ | | |
| | 1 | | 1 1/1 | 11/ | / | | | | | | | |
| | ACTUAL SIGNATURE | undert | 16 | darelin/ | M.D. CHIEF ME | DICAL EXAMI | NER 🗍 | | | | DATE S | IGNED |
| | | | 7 | | ASSISTAN | T MEDICAL EX | XAMINER [| | | | | |
| | EXAMINER'S B | enedict S | kita: | relic, M.D | DEPUTY M | EDICAL EXAM | AINER A | April | 17. | 19 | 960 | |
| 22 | a. BURIAL, CREMATION | N. 226. DATE THEREOF | | 22c. NAME OF CEMETERY | | 22d | I. LOCATION | (City, town, c | | | (Stole | e) |
| | REMOVAL (Specify) Burial | 14/ 20/60 | | Hillcrest 1 | Burial Par | | Cumber | _ | | vlar | | |
| 23. | FUNERAL DIRECTOR'S | | | ADDRESS | | 4a. REC'D BY | REGISTRAR | 24b. REGIS | TRAR'S SIC | NATUR | E | |
| | Ruth E. | Silcox (| Cumbe | rland Mary | land | DATE APP | 1 9 '60 | | Irilius a | S. Th | AMA | |

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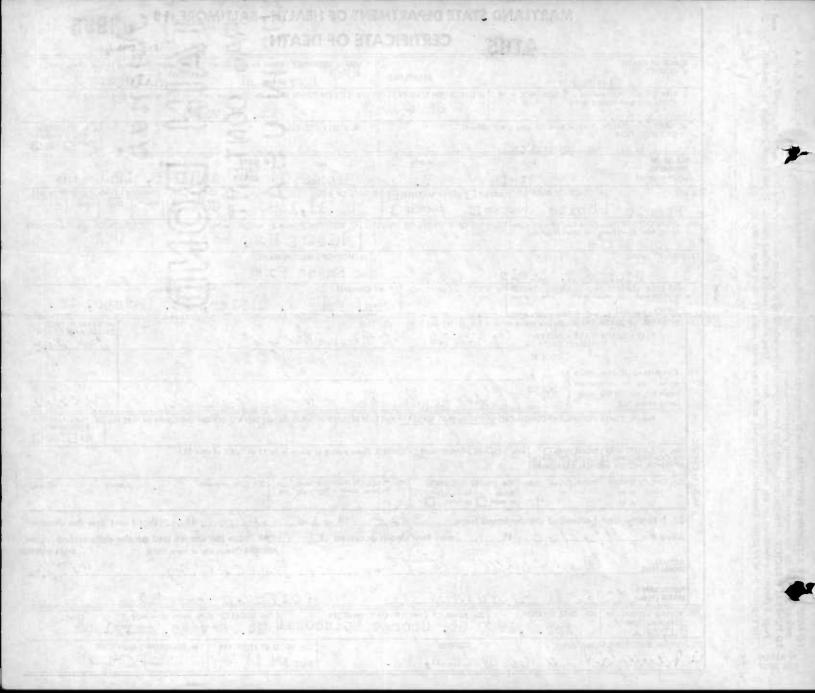
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the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days Mt. Savage d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Minors Hospital NAME OF First Middle 4. DATE Year DECEASED (Type or print) April Blank DEATH 1960 Elsie 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest-birthdoy) Months Days Aug.11,1893 White WIDOWED X DIVORCED T Female 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Rising Sun. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Pond George Lewis WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Erma J. Miller, Mt. Savage, Md. Mrs. 1B. CAUSE OF DEATH [Enter only one couse persone for (o), 16), and (sh) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE EMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work , at work p. m 21. I certify that Lattended the deceased fram. 19/20 that I last saw the deceased , and that death occurred at 6.700m, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) St. George Episcopal Savage, Maryland Burial 23- FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR ecolor Hyndman, Pa. Culling S. Kratte



James E. McLean

ADDRESS

Cumberland. Maryland

4/28/60

Allegany

ON A FARM?

YES NO A

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

U. S. A.

60

Reg. Dist. No.

Months

PERFORMED? YES NO (County) (State) . 19___,that I last saw the deceased _M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 19 Greene St. Cumberland, Md. 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) St. Luke's Cem. Cumberland, Md. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 2 9 '60 Cally & Kon

TO FUNERAL DIRECTOR: page VS A15 (4)

3 shauld

0 ained

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

H. Wayne George

220. BURIAL, CREMATION, 22b. DATE THEREOF

| | | AGRIFFE TOLE | |
|---------------------------------|--|-------------------------------------|--------------------|
| Allegany | Buolyzek | | compoils The Compo |
| | bnairedmy0 | 11/17/58 | dumberland |
| A Second o | n65 Independenc | unty Inflyency | Allegeny Co |
| 00 0 .35 In | Reckhouse H Ap | a.t. | lge8 |
| | 9/20/1372 37 | | Female White |
| t. 3. 4 | Ouncerland, Marylan | annobiest and | ožavanoj – okoč |
| .61 .5auGurd au Chaosas ysus | ADDA Walsers T.C.sex 599 Legary Sounty IP(12 | | William Bo |
| | | | |
| | 8 1/25/49 | 5/11/11 | C3\C3\ |
| 09/92/11 | is dreeme St. Jumperland, Ma. | | |
| Maria Maria | | e je St. Lake's Cunner and, nork | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4-7-60 St. Patricks Cemetery Mt. Savage, Md. 18 14 M - 6, Ma.

TO HOSPIT

VR A15 (4) 1SM 9/59

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| | LACE OF DEATH | Allegany | | MARYL | | a. STATE | | ere deceased | lived. If institution b. COUNTY | - | rett | mission) |
|---------|--|--|-----------|-----------------------------------|-----------------------|--------------------------------------|--------------------------|----------------|------------------------------------|------------|----------------|--------------------------|
| Ь | | outside corporate limit | ts, write | c. LENGTH OF STAY I | N 16 | c. CITY OR TO | WN (If o | utside corpor | rate limits, write R | URAL and | give nearest t | lown) |
| | RURAL and give ne | | | 2 Month | s | F | rost | burg | , Rt. 2 | | 1/X | (-2. |
| d | OR INSTITUTION | AL (If not in hospital, g | | | | d. STREET ADI | | | and Ver | | O | RESIDENCE N A FARM? |
| 3. N | IAME OF | Fire | - | Middle | | Last | | 4. DATE | Mon | th | Day | Yeor |
| D | PECEASED Type ar print) | Geo | rge | Edwa | | Cla | rk | OF DEATH | April | | 18th, | 19 60 |
| S. SI | EX | 6. COLOR OR RACE | 7. MARR | HED NEVER MARRIE | D B. C | ATE OF BIRTH | | | 9. AGE (In years last birthdoy) | IF UNDER | 1 YEAR IF U | NDER 24 HRS. |
| | Male | White | WIDOWE | DIVORCED | N | ov. 12 | th. | 1879 | 80 yrs. | Monins | Days not | ors Min. |
| | USUAL OCCUPATIO | N (Give kind of work o | done 10b. | KIND OF BUSINESS OF | NDUSTRY | | | | untry) | 12. CIT | ZEN OF WH | AT COUNTRY? |
| | Mixer | ing life, even if retired) | G: | lass Work | S | Ma | ryla | and | | 1 | USA | |
| 13. F | ATHER'S NAME | | | | - | 4. MOTHER'S M | | | | 2 | | |
| | Edward | A. Clark | | | | Emma | Ros | sworm | 1 | | - 1 | |
| 15. V | | IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | 17, INFO | | 1105 | PMOTI | Add | ress | 6 | |
| | no, ar unknown) (| If yes, give war or dates of se | rvice) | 00 70 000/ | | . Arno | 7.4 . | 2020 0 100 | T - T | 1 12 | 262 | |
| _ | | | | | MILLS | · ATHO | IU A | rnone | e, La v | are, | Ma. | DETILIER. |
| | | TH LENIER ONLY ONE CO TH WAS CAUSED BY: IMMEDIATE CAUSE (o | die | Terce - | 201 | Carot | ić | (| andie | - | ONSET A | L BETWEEN ND DEATH |
| | 443 Conditions, if of | DUE TO |) - | rocular | d | isla | 20 | 6 | | | 34 | iars |
| | gave rise to in couse (a), stating (lying cause last. | nmediate (| - | Her ber | ten | sion | , | | | | 30 | 4410 |
| CATION | PART II. OTH | er significant con | DITIONS C | ONTRIBUTING TO DEA | TH BUT NO | ot related to t | HETERMI | NAL DISEASE | CONDITION GIV | EN IN PAR | .PE | AS AUTOPSY PFORMED? |
| 0 | 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OF | CURRED. (| Enter nature of i | injury in F | Port I or Port | II of item 1B.) | | - | |
| MEDICAL | 20c. TIME OF INJURY Haur a. m. p. m. | Y Month, Doy, Yea | While | NJURY OCCURRED Not while at work | 20e. PLACE factory | OF INJURY (Ho y, street, affice b | ome, form oldg., etc. | , 20f. (City | or town) | (| County) | (State) |
| 1 | 21. I certify tha | | attend | ded the deceased : 7_1969 and | | th occurred | 12 | S Z to | the causes ar | | | l) (we) last |
| I L | 22a. SIGNATURE | 1/6: | 29 | ichel | M.D | ATTENDING | ME | 1.11. | STAFF PHYS. | | 4// | 22b. DATE |
| | 22c. PHYSICIAN'S NAME (Type) | H. C. Die | hl. | / | 11 | 22d. ADDRES | | ain S | t.,Fro | sthu | ro Ma | ٦. |
| 23a. | BURIAL CREMATIO | N, 23b. DATE THEREC | F | 23c. NAME OF CEME | TERY OR C | | | | ION (City, town, | | -0- | Stote) |
| I | REMOVAL (Specify) | 4-20-60 | | F!bg.Mem | | | | | stburg | • | | Md. |
| - | FUNERAL DIRECTOR" | | 1 | ADDRESS | | 12 | | D BY REGIST | RAR 25b. REGI | STRAR'S SI | | |
| Who | Joph F | Murs | 1 F: | rostburg, | Md. | 1 | DATE | PR 21 | 60 | lilling , | S. Kruns | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4108 CERTIFICATE OF DEATH

U3999

| | 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDEN | ICE (Where decease | ed lived. If institution | on: Residence befo | ore admission) |
|---|--|----------------------------|--------------------------|----------------------|------------------------------------|--------------------|-------------------------------|
| | Allegany | MARYLAND | 0.0 | ryland | b. COUNTY | Alleg | anv |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | ~ ~ | VN (If outside corp | orate limits, write R | URAL and give ne | arest town) |
| | Frostburg | 60 Years | dd F | rostburg | 9 | | THE STREET |
| | d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION | oddress) | d. STREET ADD | RESS | | | e. IS RESIDENCE ON A FARM? |
| | 60 W. Main Stree | t | (| 0 W. Ma | in Stre | et | YES NO |
| | 3. NAME OF First DECEASED | Middle | Last | 4. DATE OF | Mon | th D | ay Year |
| | (Type or print) Elizabe | eth E. | Cobey | | Apri | 1 27t | h. 19 60 |
| | 5. SEX 6. COLOR OR RACE 7. MARRI | ED NEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | | R IF UNDER 24 HRS. |
| | Female White WIDOWE | DIVORCED [| Jan. 15 | th,1876 | 84 yrs. | Months Days | Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | (IND OF BUSINESS OR INDU | STRY 11. BIRTHPLAC | E (State or foreign | country) | 12. CITIZEN O | F WHAT COUNTRY? |
| | Housewife 0 | wn houseworl | k Virg | inia | | US | A |
| 1 | 13. FATHER'S NAME | | 14. MOTHER'S MA | AIDEN NAME | | | |
| | Alexander M. Earle | | Marv | Ellen H | Burns | | |
| 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9 | SOCIAL SECURITY NO. 17. IP | NFORMANT | | B19 Wind | egor Ros | . h |
| | | None W. | Earle (| Cobev. C | Lumberla | nd. Md. | , , |
| | 18. CAUSE OF DEATH [Enter only one cause perlin | | 5/ | | 1) | | ERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | rebial | - Nes | nors | KAGO | 5 | Wallen |
| | 3 3 DUE TO | 11/ | | | 1 | (| page 0 |
| | Conditions, if any, which | uporten | sean | | | 3 | IDRES |
| | gave rise to immediate | 11 | | 38.4 | | 9 | 1-00 |
| | lying cause last. | | | | | / | |
| | PART II. OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT | NOT RELATED TO TH | IE TERMINAL DISEA | SE CONDITION GIV | EN IN PART 1(a) | |
| | PART II. OTHER SIGNIFICANT CONDITIONS C | iakeles | , | | | | PERFORMED? |
| | | RIBE HOW INJURY OCCURRE | D. (Enter nature of in | jury in Part I or Pa | ert II of item 18.) | | |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | |
| | | | ACE OF INJURY (Hor | | ry or town) | (County |) (State) |
| | O Hour a.m. While | Not while fa | ctory, street, office bl | dg., etc.) | | | |
| | The second secon | | 6hr -22 | 20(1). | 110117 | 2 10/6 | 1 |
| | 21. I certify that (I) (this hospital) attend | 10 | //- | | | | hot (I) (we) lost |
| | sow the deceased olive on 220. SIGNATURE | 19_6 Cand that 6 | eath occurred | CZ43 My rom | The couses on | d on the dat | e stoted above. |
| 2 | Momckan | 0 | M.D. PHYS. | MED. | STAFF PHYS. | ali | SIGNED |
| | 22c. PHYSICIAN'S | | 22d. ADDRES | DIRECTOR | J PH15. | apri | 40 1760 |
| | NAME (Type) W. O. McLane | 1 | 1 167 1 | a. Main | Street, | the ath | ing Ma |
| | 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY C | | | ATION (City, town, | | (Stote) |
| 3 | Burispi 5-1-60 | Arlington 1 | | | Arlingto | | Va. |
| | 24. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 7 | ia. REC'D BY REGIS | | STRAR'S SIGNATI | |
| | | rostburg, Mo | | | | Lug S. Krau | |
| | (Xa Con de Court) F. | roschurg, Mc | i D | ATMAY 3 'b | Und | must d. That | A |

the series of th A THE REPORT OF THE PARTY OF TH THE PROPERTY OF THE PROPERTY O eligation chromosped money allocation A service of the contract of t env se jandpolina , yd dwydal. Ir s godiadlei d dalli. J ALERT A PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4057 CERTIFICATE OF DEATH

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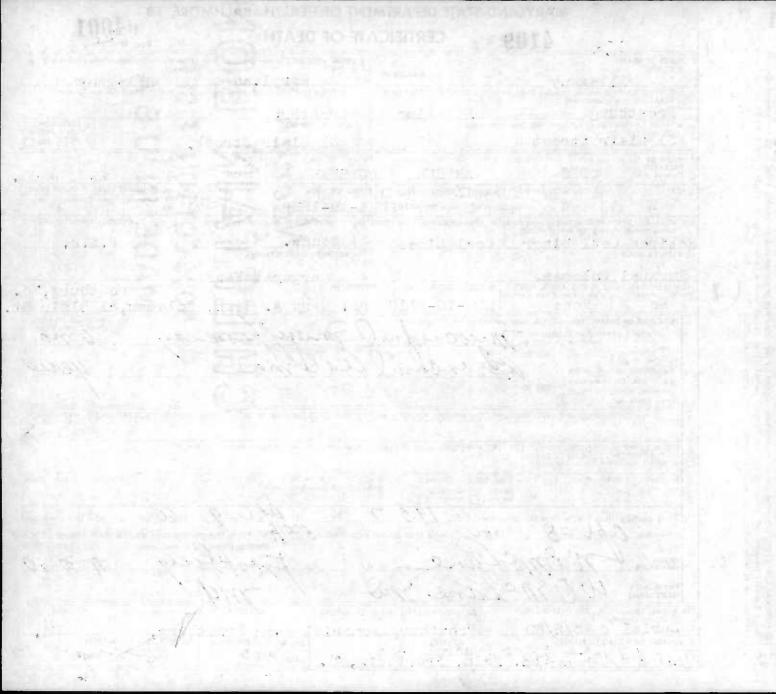
| | COUNTY | | | | a. STATE | | ere deceased lived. | If institution. COUNTY | | | odmissian) |
|---------------|---|--|------------|----------------------------|------------------------|---------------|------------------------|--------------------------|------------|----------|---------------------------|
| | | egany | | MARYLAND | 1 | laryla | ind | | Alle | | |
| Ь. С | CITY OR TOWN (If RURAL and give ned | autside carporate lim arest tawn) | its, write | c. LENGTH OF STAY IN 16 | c. CITY OR | TOWN (If a | utside carporate lin | | | | t tawn) |
| | Cumberl | and | | 40 days | × | lumber | land | Rt.#1 | Box # | 588 | |
| d. ! | OR INSTITUTION | AL (If nat in haspital, | | address) | d. STREET A | DDRESS | | | | | S RESIDENCE ON A FARM? |
| | 20.00 | Heart Hosp | | | 11 | | 1 | | |) ' | 13 [] NO4[] |
| DEC | ME OF CEASED | Fi | rst | Middle | Las | | 4. DATE OF | Mant | h | Day | Year |
| | pe ar print) | | ank | W, | Coler | | DEATH | L | | 11 | 1960 |
| 5. SEX | | 6. COLOR OR RACE | 7. MARI | RIED M NEVER MARRIED | B. DATE OF BIRT | Н | 9. AG | E (In years birthday) | | | UNDER 24 HRS |
| Ma | ale | White | WIDOW | ED DIVORCED | 10-1-77 | 7 | 8: | birthday) 2 yrs. | | | 144111. |
| Oa. U | SUAL OCCUPATION | N (Give kind af wark ng life, even if retired | dane 10b. | KIND OF BUSINESS OR INDI | USTRY 11. BIRTHPL | ACE (State | ar foreign cauntry) | | 12. CITIZ | EN OF W | HATCOUNTRY |
| | oring mast of work | Retired | | | Peni | nsylva | ania | | U. | S.A. | |
| 3. FA | THER'S NAME | | | | 14. MOTHER'S | MAIDEN N | AME | | | | |
| | George (| Coleman | | | Mali | ssa H | avs | | | | |
| | AS DECEASED EVER | IN U. S. ARMED FO | | SOCIAL SECURITY NO. | INTEGRALANT | s cha | | Addr | ess | 1 | |
| (fes, no | NO (1 | f yes, give war or dates of | | 36-14-5884 | JT | S CH | 11 0 • | | | | |
| 18 | | TH [Enter anly one o | | ne far (a), (b), and (c).] | | | | | | | AL BETWEEN |
| | | | | gestive Heart | Fai lure | chror | ic | | | 1 | AND DEATH |
| | FOOI | | | esurve hear . | rat Iuto, | CIII OI | ILC | | | 10 | Jays |
| | 501.1 | DUE TO | | nonemy Emphysica | me and Fi | hacei | 6 | | | Yea | w.c |
| | Canditians, if an gave rise to im | mediate | - | monary Emphyse | ma and ri | LOTOSI | .5 | | | rea. | rs |
| c | ause (a), stating t | DIJE TO | | | | | | | | | |
| 1 = | ying cause last. |) (| c) | | | | | | | | |
| 0 | PART II. OTHI | ER SIGNIFICANT CON | ADITIONS_ | CONTRIBUTING TO DEATH BU | IT NOT RELATED TO | THETERMI | NAL DISEASE CON | DITION GIV | EN IN PART | 1(a) 19. | WAS AUTOPSY PERFORMED? |
| 3 1 | Median Bar | r Prostate | Нуре | ertrophy & Int | erstitial | . Cyst | itis; Pne | eumoni | tis | Y | ES 🔣 NO 🗌 |
| ~ O | On ACCIDENT WAS R CONTRIBUTING FEITHER NOTIFY A | UNDERLYING CAUSE OF DEATH | 20b. DES | CRIBE HOW INJURY OCCURR | ED. (Enter nature a | f injury in I | Part I ar Part II af i | tem 18.) | | | |
| | c. TIME OF INJURY | | 204 1 | NJURY OCCURRED 20e. P | NACE OF INITIPY | Hame farm | , 20f. (City ar taw | · nl | IC- | | (State) |
| WEDICAL 00 | Haur a.m. | Manin, Day, 19 | While | | actary, street, affice | | | vnj | (Co | iunty) | (State) |
| - | | | - | | - 10EO | 1.1000 | -:1 77+b | 140 | | | |
| | | | | sed fram Decembe | | | | | | | |
| a | live an Ap | ria_lith | , 19.0 | O, and that deat | h accurred at | | | | | date si | |
| | CTUAL C | .6 | 0 | | | | ADDRESS (Street, ci | ity ar tawn, | state) | | DATE SIGNED |
| Si | GNATURE | Mond 7 | Ad | mente | _M.D | | | | | | |
| | HYSICIAN'S W. | Doerner, 1 | M.D. | U | | A | lgonquin | Hotel | , Cumb | .,Md | |
| 22a. BI | URIAL, CREMATION | , 22b. DATE THERE | OF | 22c. NAME OF CEMETERY | OR CREMATORY | | 22d. LOCATION (| City, tawn, a | ir caunty) | | (State) |
| | EMOVAL (Specify) Burial | 11/71/60 |) | Mt Herman Ce | metem | | Cumberly | and | Ma | rvľa | กล้าล. |
| | NERAL DIRECTOR'S | SIGNATURE | | ADDRESS | The Ly | 24a. REC' | D OV DECICTDAD | 24b. REGIS | TRAR'S SIG | NATURE | |
| 1 | Ruth E. S | ilcov (| "annha | rland Mary | land | DATE | APR 1 8 '60 | | Irilar a | 1. Tha | M.A. |
| | A TIN D | TTOON | JULIU C | Traile Mary | Leili | -/112 | | | | | |

All the control of th TELLULA DE LE LES LONG LE MESERGIA DE MESE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4109 **CERTIFICATE OF DEATH** (14()()1 Reg. Dist. No.

| / | | PLACE OF DEATH D. COUNTY | legany | | MAI | RYLAND | 2. USUAL RESI | Marv | | l lived. If institut b. COUNTY | | | | ion) |
|---|---------------|--|--|-----------------|------------------------|--------------|---------------------|----------------|---------------|--|------------|----------|--------------|-----------|
| | t | b. CITY OR TOWN (| If outside corporate | e limits, write | c. LENGTH OF STA | AY IN 1b | c. CITY OR | TOWN (IF o | utside corpor | ote limits, write f | | | |) |
| | | Frostbu | rg | | Lifetin | ne | Fros | thur | OT. | | | | | |
| 1 | | d. NAME OF HOSPI | TAL (If not in hospi | | address) | | d. STREET | | | | | | | FARM? |
| | | 31 Blai | r Stree | t | | | 31 | Blair | r Str | eet, | | | YES 🗌 | NO 💢 |
| - | 3. | NAME OF DECEASED | 0.00.77.0 | First | Midd | | la | | 4. DATE OF | Mai | nth | Do | ly) | Year |
| | - | (Type or print) | OTIS | | ARTHUR | | COLEMAN | | DEATH | 4 | | 29 | | 19 60 |
| | 5. 5 | | 6. COLOR OR R. | ACE 7. MARI | RIED NEVER MAR | RIED _ | 8. DATE OF BIRT | | | AGE (In years last birthday) | Months | Doys | Hours Hours | R 24 HRS. |
| | | M | W | WIDOW | | | 4-19-1 | | | 71 yrs. | | | | |
| | 10a | . USUAL OCCUPATI | ON (Give kind of viking life, even if re | work done 10b. | KIND OF BUSINESS | OR INDUS | TRY 11. BIRTHP | LACE (Stote | or foreign co | ountry) | 12. CI1 | IZEN O | F WHAT C | OUNTRY? |
| | Re | etired C | | | oal Mine | 2.5 | Pen | na. | 1500 | | | U.S | A. | |
| | 13. | FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | AME | | | | | |
| 1 | E | Emanuel | Coleman | | | | Ma | rosre | t He | 0.0 | | | | |
| | 15. | WAS DECEASED EV | | | SOCIAL SECURITY N | 10. | NFORMANT | | - | Ado | lress Ir | ost | bur | g, Md |
| | 1 | No | None | | 20-10-21 | LIO M | Irs. Ma | rv A. | Bea | n. Cole | | | | ir S |
| | | 18. CAUSE OF DE | ATH [Enter only o | ne couse per li | ne far (a), (b), and (| c).] | 00 | | 1/ | | | INT | ERVAL BE | TWEEN |
| | | PART I. DE | ATH WAS CAUSED | | MACAL | dint | In | 241 | 110 | io al | | ON | AND | DEATH |
| | | 241 | IMMEDIATE CAU | E TO | 1 | | | 11/1 | 700 | | | | 2.71 | |
| | | Canditions, if | | 1/800 | 8 park | inV | ast | In | a | | | | 1101 | w |
| | | gave rise to | mmediate | JE TO | vo reci- | an | | | | | | | 920 | |
| | | couse (a), stating lying couse last. | the under- |)E 10 | | | | | | | | 1 | | |
| | Z | | | CONDITIONS | CONTRIBUTING TO D | DEATH BUT | NOT RELATED TO | O THE TERMI | NAI DISEASE | CONDITION GI | VEN IN PAI | RT I(a) | 9. WAS | AUTOPSY |
| | ATIC | | | 201101110110 | 2011111001111010 | | | | | | | | PERFO YES | RMED? |
| | IFIC. | 20a. ACCIDENT W | AS UNDERLYING F | 7 20b. DES | CRIBE HOW INJURY | OCCURRE | D. (Enter noture | of injury in F | ort I or Port | II of item 18.) | | | 112 | 110 |
| | CERTIFICATION | 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) | CAUSE OF DE | ATH | | | | | | No art | | | | |
| | MEDICAL | 20c. TIME OF INJU | RY Month, Day, | | NJURY OCCURRED | 20e. PL/ | ACE OF INJURY | (Home, form | 20f. (City | or town) | 1-1- | (County) | 100 | (Stote) |
| | WED | Haur o.m. p. m. | | 19 While of wor | | roc | lory, street, offic | e blug., etc. | 1 | | | | | |
| | | 21. I certify t | hatil attended | Abo dosos | 14 | 5 - | 10 | ta ay | 61/2 | 9 10/1 | that I le | | | |
| | | /0 | AS 2 D | | | | , 17 | | 34 6 | | | | | |
| | | alive an_ | 7-10 | , 19_0 | , and the | ar aearn | accurred at | 2-11 | | the causes ar | | e date | | E SIGNED |
| | | ACTUAL L | MA | mcl | Tin O | | | + | 7 4 | Ress | ; | | ィーファ | 12 |
| | | SIGNATURE | 1001 | 11 5 | O | | M.D | -17 | 04 | 1009 | | 4 | 20 | -GU |
| | | PHYSICIAN'S NAME (Type) | wo | McI | ane | ME |) | / | M | 19/ | | | | |
| | 220 | BURIAL, CREMATIC | | IEREOF | 22c. NAME OF CE | METERY O | R CREMATORY | | 22d. LOCAT | ION (City, town, | or county) | | (Stot | e) |
| | | REMOVAL (Specify Burial | 5/2/ | 60 | Frostbu | rg. N | lemoria | 7 Par | k Fr | os thurs | P | | 7 | . 5N |
| | 23. | FUNERAL DIRECTOR | S SIGNATURE TO | ofen I | ADDRESS | - | | 24a. REC'I | BY REGIST | RAR 24b. REG | STRAR'S S | | | 700 |
| | 19 | culah # | Unites | | | Home stbu | rg Md | DATE M | AY 5 | 60 (| Irilan , | 8. Th | aug. | |



rs after death. Page 4

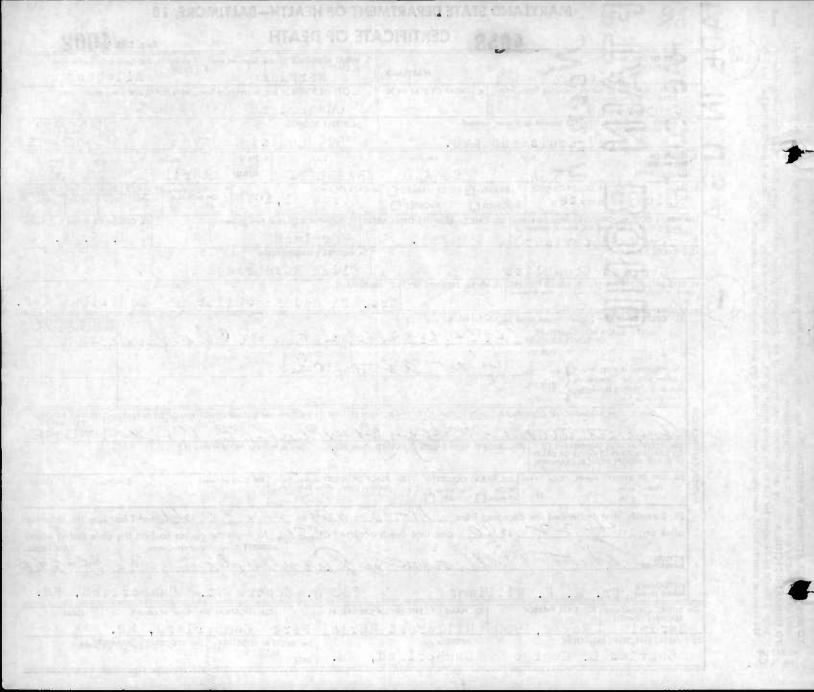
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4058

Reg. Dita 40012

| | 1. PLACE OF DEATH o. COUNTY | | | | 2. | USUAL RESID | ENCE (Who | ere deceased | lived. If institu | | nce before | admissi | on) |
|---|--|---|-----------------|-----------------------|--------------------|----------------------------------|-----------------------------|---------------|-------------------|-------------|-------------|-----------------|-----------|
| | | llegany | | MARY | LAND | o. STATE | aryla | nd | b. COUNT | Y Al | lega | ny | |
| | | (If outside corporate limit | ts, write c. | LENGTH OF STAY | IN 16 | c. CITY OR T | OWN (If or | utside corpor | ote limits, write | RURAL ond | give neare | st town) | |
| H | Cumberl | | | | 0 | 2-Cum | perla | nd | | | | | |
| ٩ | d. NAME OF HOSP OR INSTITUTION | PITAL (If not in hospital, g | ive street oddi | ress) | | d. STREET A | DDRESS | | | | e. | IS RESI | DENCE |
| 2 | | 527 Louis: | iana A | lve. | | 527 | Loui | sian | a Ave | | , | | NO X |
| | 3. NAME OF DECEASED | Fire | st | Middle | | Los | | 4. DATE | Mo | onth | Day | Υ | eor |
| | (Type or print) | THOMAS | S | LEONARI |) C | RAMBL | ITT | OF DEATH | Apri | 1 | 30 |) 1 | 960 |
| | 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIE | D B. C | ATE OF BIRTH | 7.7 | 1070 | 9. AGE (In year | IF UNDE | R 1 YEAR IF | | |
| | Male | White | WIDOWED [| | | March | | 1878 | UZ yr | | Doys I | Hours | Min. |
| | 10a. USUAL OCCUPAT | ION (Give kind of work orking life, even if retired) | done 10b. KIN | D OF BUSINESS O | R INDUSTRY | 11. BIRTHPL | ACE (State of | or foreign co | untry) | 12. CI | TIZEN OF | WHAT | COUNTRY |
| | | Supervisor | D C | O Rwy. | | Mary | land | | | | U. S | . A | |
| | 13. FATHER'S NAME | | | | 1 | 4. MOTHER'S | MAIDEN N | AME | | | | | |
| | Charle | es Crambli | tt | | | Eliza | Ros | ebrau | igh | | | | |
| 1 | 15. WAS DECEASED EV | /ER IN U. S. ARMED FOR | CES? 16. SOC | IAL SECURITY NO | . 17. INFO | RMANT | | | Ad | dress | | | |
| 7 | No | | | | Mrs. | Thom | as C | rambl | itt 52 | 27 Lo | uisi | ana | Ave |
| 1 | 18. CAUSE OF DE | EATH [Enter only one co | use per line fo | or (o), (b), and (c). | | | | | | 4 | INTERV | AL BET | WEEN |
| | PART I. DE | EATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | ag | Carro. | acl | ejote | 21 | rus | Culas | dia | UNSEI | AND | DEATH |
| | 427 | DUE TO | | / | , | | 01 | | | | | | |
| | Conditions, if | | 8 | arl | idv | Tues | X1 | | | | | | |
| | gove rise to couse (o), stoting | immediale (| X | | | | 1 | | | | | | |
| | lying couse lost | | | | | | | | | | | | |
| | NO PART II. OT | THER SIGNIFICANT CON | DITIONS CON | TRIBUTING TO DE | ATH BUT NO | T RELATED TO | THE TERMIN | NAL DISEASE | CONDITION G | IVEN IN PAR | RT 1(o) 19_ | WAS A PERFOR | UTOPSY |
|) | 3 anno | ulalis | un/ | reciled | -1 a | will | ren | e | 3,17 | 162 | | ES [| |
| | 200. ACCIDENT W OR CONTRIBUTION (If EITHER, NOTIF) | VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER | 20b. DESCRIB | E HOW INJURY | CCURRED. (I | inter notyre of | injury in P | ort For Port | If of item 18.) | | | | |
| | | | 1 | | | | | | | | | | |
| | 20c. TIME OF INJU | JRY Month, Day, Yea | While | Not while | 20e. PLACE foctor) | OF INJURY (F , street, office | lome, farm, bldg., etc.) | 20f. (City | or town) | (| County) | | (Stote) |
| | p. m. | . 19 | | of work | | | | | | | | | |
| | 21. I certify t | that Lattended the | deceased ! | from | -18 | - 19.59 | , to | 10 | 30, 196 | Qthat I | last sow | the c | deceased |
| | olive an | 4,22 | c, 19 QC | 2_{-} , and that | death oc | curred at | 3a | M, fram | the causes | and an t | he date | state | d abave. |
| | | MA | 2 | 17 1 | | 1 | A | DDRESS (SI | eel, city or lowr | (stote) | Λ | DA | TE SIGNED |
| , | ACTUAL SIGNATURE | 11011 | all | Uan | M.D | XII | 1211 | rep | asses | Y M | X. | 5- | 2-60 |
| | PHYSICIAN'S NAME (Type) | Dr. W. F. | Willi | ams | | 122 S | . Ce | ntre | St. C | Cumbe | rlan | d, | Md. |
| | 220. BURIAL, CREMATIC | ON, 226. DATE THEREO | F 22 | c. NAME OF CEMI | TERY OR CI | REMATORY | | 22d. LOCAT | ION (City, town, | or county) | | (Stote | |
| | REMOVAL (Specify Burial | | 960 | Hillcre | st B | urial | Park | | nberla | | d. | | 55 F |
| | 23. FUNERAL DIRECTO | | 7 0 0 1 | ADDRESS | | | 24a. REC'D | BY REGISTE | RAR 24b. REC | ISTRAR'S SI | | M | |
| | Charle | s L. Georg | ge | Cumberl | and, | Md. | DATE N | AY 4 | OU | Callebrand | B1. | | |



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2050

04003

| | ALLEGANY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY A LLEGANY | | | | | | | |
|-----|--|---|--|--|--|--|--|--|--|
| | b. CITY COLOMB PLON AND CORPORATE LIMITS, WRITE C. LENGTH OF STAY IN 16 RUPAN AND 2 DAYS C. LENGTH OF STAY IN 16 2 DAYS | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) (RURAL) FROSTBURG | | | | | | | |
| 060 | d. NAME OF HOSPITAL (Incline PITAL street oddress) OR INSTITUTION TAL & WARWICK AVE. | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES | | | | | | | |
| | 3. NAME OF DECEASED (Type or print) ROY E • | CROWE 4. DATE OF DEATH APRIL 29 19 60 | | | | | | | |
| | S. SEX MALE 6. COLOR OR RACE 7. MARRIED | 8. DATE OF BIRTH 7-29-1892 9. AGE (In years lost burthdoy) O yrs. 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | | | | | | | |
| | 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) RETIRED FARMER FARMING | FINZEL, MARYLAND 12. CITIZEN OF WHAT COUNTRY? V.S.A. | | | | | | | |
| /_ | THOMAS J. CROWE | MOLLIE BALLAH | | | | | | | |
| I | 10 | MEMORIAL HOSPITAL CUMBERLAND, MARYLAND | | | | | | | |
| 2 | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: WAS CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | | |
| | 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Haur a.m. 19 while of wark of wark 21. I certify that (I) (this haspital) attended the deceased fram | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, affice bldg., etc.) 1 Pt. 1960, ta 29 pp. 1960, that (I) (we) last death accurred at 2205/PMam the causes and an the date stated above. | | | | | | | |
| 1 | 220. SIGNATURE | M.D. PHYS. MASHINGTON ST., CUMBERLAND, MD. | | | | | | | |
| R | 23a. BURIAL, CREMATION, 23b. DATE THEREOF BUT1al 5-2-60 Johnson Ce 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frostburg, M | metery Garrett County, Md. 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE | | | | | | | |

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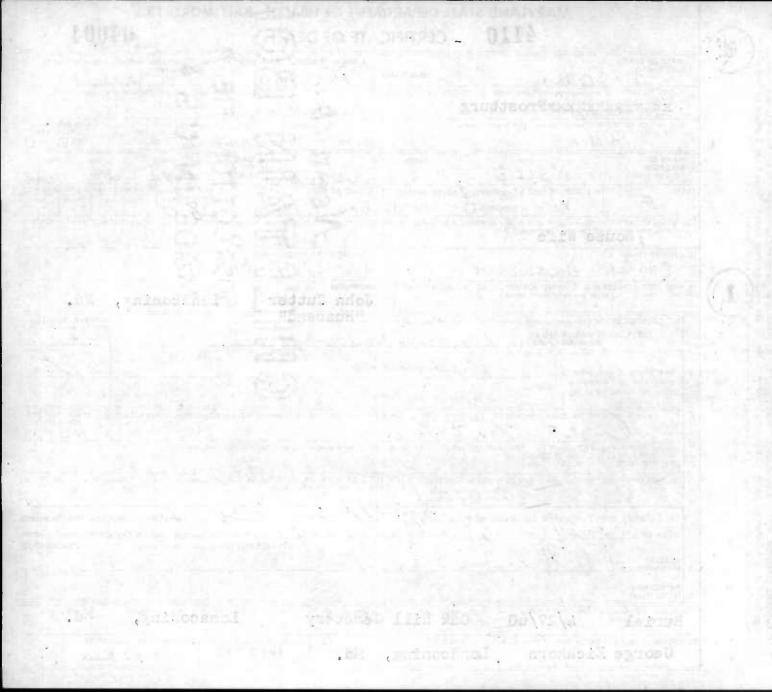
VS A15 (4) 15M 9/58

N.

| ARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|---------|------------------|----------------------|----|
| 4110 | CERTIFICATE | OF DEATH | |

N

| | 4110 _ CERTIFI | CATE OF DEATH | Reg. 011 No. 1 |
|------------|--|--|--|
| 1. | PLACE OF DEATH COUNTY ALLSGANY MARYLAN | o STATE | l lived. If institution: Residence before admission) b. COUNTY |
| | c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN RUBAL and give negret town) XXF rostburg | | rote limits, write RURAL and give nearest town) |
| | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION INERS | 1 d. STREET ADDRESS 20 ALLEGAN | Y ST 6. IS RESIDENCE ON A FARM? YES NO |
| | NAME OF DECEASED Type or print) NSLLIE Middle | CUTTER 4. DATE OF DEATH | APRIL 24 1960 |
| 5. 5 | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [WIDOWED DIVORCED | - Martin I | 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min. |
| 10a | . USUAL OCCUPATION (Give kind of work done during most provide Wife, Wife dired) | NDUSTRY 11. BIRTHPLACE (Stote or foreign of MARYLAND | 12. CITIZEN OF WHAT COUNTRY |
| 13. | FATHER'S NAME CHARLES DUCKWORTH | 14. MOTHER'S MAIDEN NAME ANNE MU | RPHY |
| 15. (Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) | John Cutter | Lonaconing, Md. |
| 10 | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO | lial infant | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c) | | 2 ph |
| ICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL DISEASI | E CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| CERTIFI | 20g. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | JRRED. (Enter noture of injury in Port I or Por | II of item 18.) |
| MEDICAL | 20c. TIME OF INJURY Month, Doy, Year Mile Not while of work of work | e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) | or town) (County) (Stote |
| | 21. I certify that, I attended the deceased fram. alive an | eath accurred at 4 M, fram | the causes and an the date stated above reet, city or town, stote) DATE SIGNE |
| | PHYSICIAN'S NAME (Type) | | |
| | Burial, CREMATION, 22b. DATE THEREOF OAK HILL | Cemetery 22d. LOCAL | onaconing, Md(Stote) |
| 23. | FUNERAL DIRECTOR'S SIGNATURE George Eichhorn Lonaconing | Md. 240. REC'D 8Y REGIST | RAR 24b. REGISTRAR'S SIGNATURE October S. Kraus |



| 6 | 8 | | ion, | 1 |
|--|---|--|--|---------|
| TO DEF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision, please exe- | cute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Poge 4 should be | | TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the registrar prior to burial, cremation, | - |
| SOLY. E | 4 ego | | urial, | |
| neces | tor. F | | ar to b | |
| si y | //direc | files. | or price | |
| any d | funero | r your | registr | |
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| CALE | ofe, wr | e Chie | CTOR | |
| MEDI | ertifico | to the | L DIRE | _ |
| 0 | the ce | forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. | NERA | Provoma |
| TO DE | cute | forw | TO FU | or re |
| - | | | | |

| DI ACE OF | 416 | 3 | | | | 2. USUAL RESIDENCE (V | A41 A | 241 1 461 414 | Reg. Dist. | 1005 | |
|--|--|--|--|---|---|--|---|--|--|---|------------------------|
| a. COUNTY | , | legan | у | MAI | RYLAND | O CTATE | land | b. COUNTY | | egany | ionį |
| b. CITY OR | TOWN (If outside corp | orale limits, write | RURAL | c. LENGTH OF STA | Y IN 1b | c. CITY OR TOWN (II | | porate limits, write | | | 1) |
| | 1 Rt.# | 51 | | | | Q2Cumber1 | and, | C. Palitin | | | |
| d. NAME C | PF HOSPITAL OR IN | STITUTION (I | f not in hosp | ital, give street addr | ress) | d. STREET ADDRESS 213 Hol | land | St., | | e. IS RESI ON A YES | FARM2, |
| NAME OF DECEASED (Type or pr | int) | Fin HARR | | Middle LEE | | DEAN | 4. DATE OF DEATH | Apri | 1 1 | 5, 19 | 60 |
| . sex Male | 6. cold Whi | | 7. MARRIEL | NEVER MARRI | | | 944 | 9. AGE (In years lost birthday) 15 yrs. | Months Day | AR IF UNDER | |
| 00. USUAL O | CCUPATION (Give | kind of work o | lone 10b. KI | ND OF BUSINESS O | | Y 11. BIRTHPLACE (State | ar foreign | | 12. CITIZEN | OF WHAT CO | OUNTRY |
| | of working life, even | | | None | | Cumber | land | , Md. | U | .S.A. | |
| 13. FATHER'S | NAME Harry Le | e Dea | n | | 1 | 14. MOTHER'S MAIDEN N Hilda | | lor | | | |
| 15. WAS DEC | EASED EVER IN U. Sown) (If yes, give | . ARMED FOR | ervice) | OCIAL SECURITY NO | 25 100 100 100 100 100 100 100 100 100 10 | FORMANT s. Hilda D | ean : | Address 213 Holl | and S | t., Cu | ımb. |
| 1 | E OF DEATH [Enter | only one cau | se per line fe | or (a), (b), and (c), } | | | | | 1 | INTERVAL BETWEEN | 7 |
| | | 1110Em 011 | | | | | | | | ONSEL AND DEATH | |
| PA | RT I. DEATH WAS C | AUSED 8Y: TE CAUSE (a) | A | sphyxiat | ion | | | | · · | ONSEL AND DEATH | n. |
| Conditio | A 3 × | DUE TO | | sphyxiat | | ning | | | | 5 min | |
| Condition gave rise | ins, if any, which to immediate causing the underlying | DUE TO | 10) | sphyxiat KXXXXX | Drow | ning h automobi | le i | n stream | | | |
| Condition gave rise (a), staticause la | ons, if any, which to immediate cousing the underlying st. | DUE TO (b) DUE TO (c) | No. | sphyxiat KXXXXX ubmerged | Drow jwit | | | | n | 5 mir | OTOPSY MED? |
| Condition gave rise (a), static | ons, if any, which to immediate cousing the underlying st. RT II. OTHER SIGNII | DUE TO (b) DUE TO (c) FICANT CONG | S1 | Sphyxiat KXXXXX ubmerged | Drow jwit | h automobi | INALDISEAS | SE CONDITION GIVE | n | 5 mir | n JTOPSY |
| Condition gave rise (a), storic cause la PA | ons, if any, which to immediate cousing the underlying st. | DUE TO (b) DUE TO (c) FICANT CONG | S 1 DITIONS COI | Sphyxiat KXXXXX ubmerged NTRIBUTING TO DEA | Drow | h automobi | INALDISEAS | SE CONDITION GIVE | I EN IN PART 1(d | 5 mir | TOPSY MED? |
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| Condition gave rise (a), storic cause to PA 20a. EXTE PRIMARY CAUSE O 20c. TIME How 9: 21. I ce death r ACTUAL SIGNATU EXAMINI NAME (T 22a. BURIAL (REMOVA BUT 1) | IMMEDIA Ins., if any, which to immediate cousen to immediate was a construction of injury more contribution. Interest that I take the cousen to immediate co | DUE TO (b) DUE TO (c) FICANT CONT (c) FICANT CONT (d) This, Day, Yea A charge Natural cont dict DATE THEREO 18/60 URE | SI SI DITIONS COI DESCRIBE Aut (20d. In While of wor of the recauses Skita | Sphyxiat KXXXXX ubmerged HOW INJURY OCCU OMObile JURY OCCURRED Mot while of work emains describe Accident K arelic M | Drow jwit ATH BUT No Went 20e. PLAC focto Rt ed abov , Suic | h automobi OT RELATED TO THE TERMI OF TO A d E OF INJURY (Home, farm ry, street, office bidg., etc. 51 South re, held an Autaps ide, Hamicide _M.D. CHIEF MEDICAL EXASSISTANT MEDIC DEPUTY MEDICAL CREMATORY Urial Park | INAL DISEAS I or Port II I and Of y , I E , U KAMINER , U AL EXAMINER EXAMINER 22d. LOCA | into stylenter in the s | EN IN PART 1(d T e a m (County) Induiry ause [], | 5 min 19. WAS AU PERFORN YES 19. WAS AU PERFORN YES 19. Mare Sign 1960 (Slole) 1and | OTOPSY WED? NO (State) |

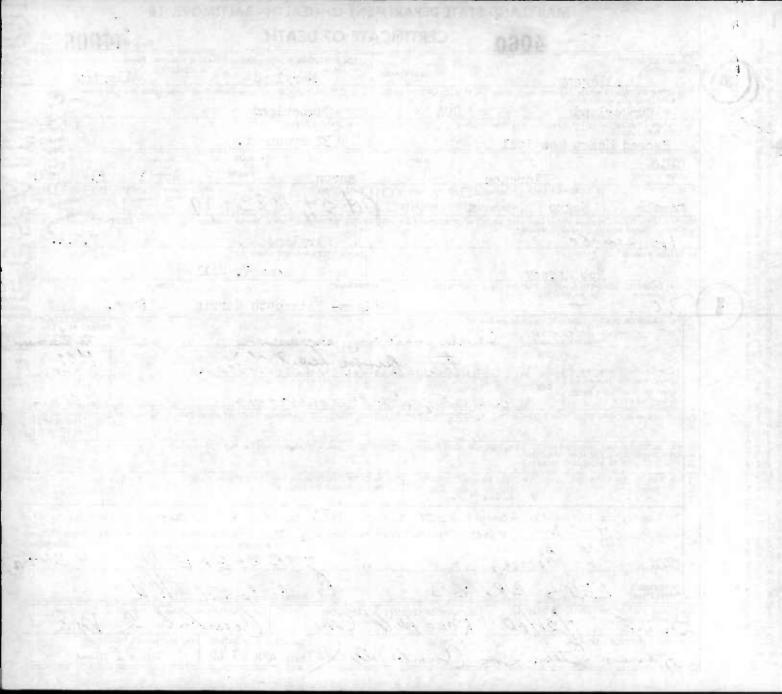
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4060

CERTIFICATE OF DEATH

Reg. distal 16

| | | | | | | | | | - 0 | | |
|---|--|---------------------------------|-------------------|-------------|-----------------------------------|------------------|---------------------|---------------------|---------------|--------------|------------------------|
| 1. PLACE OF DEATH o. COUNTY | 100 | | 44484 | | USUAL RESIDEN | ICE (Where | deceased li | ved. If institution | on: Residence | before ada | mission) |
| | legany | | MARY | | | ryland | | | Total Control | egany | |
| RURAL ond give ne | | ts, write c | DOA | IN 1b | c. CITY OR TO | WN (If outsider) | | e limits, write R | JRAL ond gi | ve nearest t | own) |
| d NAME OF HOSPIT | AL (If not in hospital, g | ive street od | | | d. STREET ADD | | 2 | | | 21.0 | RESIDENCE |
| OR INSTITUTION | | | di ess j | 1/ | | | *** | | | 10 | N A FARM? |
| Sacred H | eart Hospit | tal | | | 532 4 | reen S | ⊃U• | | | YES | □ NO 🔯 |
| 3. NAME OF DECEASED (Type or print) | Fire | | Middle | | Lost | 4. | DATE OF DEATH | Mon | | Day 23 | Year 1960 |
| S. SEX | 6. COLOR OR RACE | rence | D A IEVER ALABOU | | enson ATE#OF BIRTH | | | AGE (In years | | | NDER 24 HRS. |
| Female | Negro | WIDOWED | | _ /2 | 9.24 | 188 | 3 | last birthdoy) | | Poys Hou | T |
| 100. USUAL OCCUPATION | N (Give kind of work of | done 10b. KII | ND OF BUSINESS O | R INDUSTRY | 11. BIRTHPLAC | E (Stote or fi | oreign coun | (ry) | 12. CITIZI | EN OF WHA | AT COUNTRY? |
| Dauge | king (ife even if retired) | | | | Marv | 1 and | | | | U.S. | A |
| 13. FATHER'S NAME | 10 | | | 11 | 4. MOTHER'S MA | | F | | | 0.0 | • 13, • |
| | Rob Massey | | | | a. Morrier o M | | V. Ha | | | | |
| IS. WAS DECEASED EVE | R IN U. S. ARMED FOR | CES? 16. SC | CIAL SECURITY NO | . INFO | RMANT | | | Addr | ess | | -12" 11 27 |
| (Yes, no. or unknown) | (If yes, give war or dates of se | ervice} | | Nie | ce- Eli | zabeth | n Harı | ris | Same | • | |
| Conditions, if o | m mediote (| | nte con | first | o cere | it of | n | 26 | | 45 | lu, |
| lying couse lost. | (c) | Can | uchiers | 1 wit | wood | leros | 25 | | | 66 | low |
| PART II. OTH | ier significant coni | DITIÓNS <u>CO</u> | NTRIBUTING TO DE | ATH BUT NO | T RELATED TO TH | HE TERMINAL | DISEASE C | ONDITION GIV | EN IN PART | PEF | AS AUTOPSY RFORMED? |
| (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESCRI | BE HOW INJURY O | CCURRED. (E | nter noture of ir | ijury in Port | l or Port II | of item 1B.) | | | |
| 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Doy, Yeo | 20d. INJU While of work [| Not while of work | | OF INJURY (Hor, street, office bl | | 20f. (City or | town) | (Co | unty) | (Stote) |
| 21. I certify th | at I attended the | deceased | fram 4/ - | - 2 - | , 1954, | ta 4. | - 23 | - 19/cm | that I last | saw the | deceased |
| alive an | 4-22- | , 19 Gr | | death ac | curred at_S | . 111 | fram the | | | date stat | ted abave. |
| ACTUAL SIGNATURE | L. Brin | nes | New Y | M.D. | 5 | 7G-18 | RESS (Stree | t, city or town, | stote) | 4- | -246 |
| PHYSICIAN'S NAME (Type) | LEWIS 1 | BR/1 | NGS | | Chen | where | Some. | of li | ld | | |
| 220 BURIAL, CREMATIO REMOVAL (Specify) | N, 22b. DATE THEREO | F 2 | 22c NAME OF CEMI | ETERY OR CR | REMATORY | 220 | I. LOCATIO | N (City, town, | r county) | 10 (5 | State |
| 4 July | 1/28/6 | 0 | Rose 19 | ull | Carry. | / | un | rente | and a | Kh. | α. |



sy is necessory, please exe-director. Page 4 should be TO DEF TABLEAL EXAMINER: This certificate should be executed within 24 hours after death. If ony daily is necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeing director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4061

U4007 Reg. Dist. No.

| O. COUNTY | AL RESIDENCE (Where deceased lived. If institution; Residence before admission) TATE b. COUNTY |
|--|--|
| Allegany MARYLAND | Maryland Allegany |
| and give nearest town) | ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| Cumberland years O | Oumber rand |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | TREET ADDRESS e. 15 RESIDENCE ON A FARM? |
| 702 N. Mechanic Street | 702 N. Mechanic Street YES NO St |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Manth Day Year |
| (Type or print) HAROLD THOMAS DEVAUL! | |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE 6 | F BIRTH 9. AGE (In years ost birthday) 9. AGE (In years Months Days Hours Min. |
| Male WILL WIDOWED DIVORCED Apri | |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) | BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Brewery wkr. Cumberland Brew- Le | onaconing, Maryland USA |
| | THER'S MAIDEN NAME |
| | MARY ELIZABETH MILLS |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA | |
| Yes, no, or unknown (If yes, give wor or dates of service) | Mm. Devault.Rt. 4, Mt. Airy, Maryland |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED 8Y: | ONSET AND DEATH |
| IMMEDIATE CAUSE (o) | 4 montoses Jumell |
| DUE TO | |
| Conditions, if any, which gove rise to immediate couse | y Cleroses |
| (o), stoting the underlying DUE TO | |
| couse tost. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| N S S S S S S S S S S S S S S S S S S S | YES NO |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RED 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter not) 10 CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. | re of injury in Port I or Port II of item 18.) |
| CAUSE OF DEATH. | |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF II | UURY (Home, farm, 20f. (City or town) (County) (State) |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of work | t, office bldg., etc.) |
| 21. I certify that I taok charge of the remains described above, he | d an Autapsy , Inspection , Inquiry , and find that |
| | |
| death resulted from: Natural causes , Accident , Suicide |], Homicide [], Undetermined cause []. |
| ACTUAN X MAIN W | DATE SIGNED |
| SIGNATURE M.D. | CHIEF MEDICAL EXAMINER |
| EXAMINER'S | ASSISTANT MEDICAL EXAMINER |
| NAME (Type) Richard Williams M.D. | DEPUTY MEDICAL EXAMINER April 23, 1960 |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMAT | |
| Burial (Specify) 4/25/60 Frostburg Memor | ial Park Frostburg, Maryland |
| | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Hafer, Cumberland, Maryland | 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 26'60 Cultury S. Known. |

VS. A15ME(5) 5M 9/55

| | CERTIFICATE OF DEATH | 40.00.00 |
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TO HOSPITATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hz a after death. Page 4 may be refained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, crematian, or remayal, and in any event within 72 boars after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

U4008

| 1. | PLACE OF DEATH LE | GANY | | MARYL | AND | 2. USUAL RESIDENCE o. STATE WEST | (Where decease | b. COUNTY | | before od | mission) |
|---------------|--|--|----------------------------|---------------------|--------|---|------------------------|-------------------------------|---------------|-------------|------------------------|
| | b. CITY OR TOWN (If RURAL and give nec | | ts, write | c. LENGTH OF STAY I | N 1b | c. CITY OR TOWN | | prote limits, write F | RURAL ond giv | e nearest t | own) |
| | CUMBERL | AND | | 18 DAYS | | SISTER | VILLE | | 8. | 5 X | 3 |
| | d. NAME OF HOSPITAL (ILLEN IN DESCRIPTION OF INSTITUTION MEMORIAL & WARWICK AVES., | | | | | d. STREET ADDRES | s Rural | | | 01 | RESIDENCE N A FARM? |
| | NAME OF DECEASED (Type or print) | Fir A | st | Middle EMERS | ON | Last DOAK | 4. DATE OF DEATH | APR | | Day 20 | Yeor 19 60 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARR | TED NEVER MARRIE | | B. DATE OF BIRTH | | 9. AGE (In years | | _ | NDER 24 HRS. |
| | MALE | WHITE | WIDOWE | DIVORCED | | FEBRUARY 2 | 1,1876 | lost birthday) 84 yrs. | Months D | ays Hou | ırs Min. |
| 100 | . USUAL OCCUPATIO | N (Give kind af work ng life, even if retired | done 10b. | KIND OF BUSINESS OF | NDU: | STRY 11. BIRTHPLACE (S | tate or foreign o | country) | 12. CITIZE | N OF WHA | T COUNTRY? |
| | TEACHER | ng me, even il remed | | UBLIE SCH | OOL | DEEP V | ALLEY, V | V.VA. | U.S | .A. | |
| 13. | FATHER'S NAME | | | | - 12 | 14. MOTHER'S MAID | EN NAME | | | | |
| | ROE | BERT DOAK | | | | INGABE | BEE | | | | |
| | WAS DECEASED EVER | IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | 17. IF | NFORMANT | | Add | ress | | |
| | NO | yes, give wor or odies or s | ervice) | NONE | | MEMORIAL | HOSPITAL | L. CUME | ERLAND | , MD. | |
| CERTIFICATION | Conditions, if on gave rise to im couse (a), stating t lying couse last. PART II. OTH | he under- | | Orterio | тн вит | NOT RELATED TO THE T | ERMINAL DISEAS | des des SE CONDITION GI | VEN IN PART | PE | AS AUTOPSY RFORMED? |
| | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OF | CURRE | D. (Enter nature of injury | y in Port I or Po | rt 11 of item 1B.) | | | |
| MEDICAL | 20c. TIME OF INJURY Hour o. m. p. m. | ' Month, Doy, Ye | 20d. It While of wor | Nat while | | ACE OF INJURY (Home, ctary, street, office bldg. | | y or town) | (Co | unty) | (State) |
| | | ed alive on 4 | the | | that c | M.D. ATTENDING PHYS. 22d. ADDRESS | | the causes ar | nd on the | | |
| - | BURIAL, CREMATION REMOVAL (Specify) | Apr. 23. | | 23c. NAME OF CEME | | cemetery | | tersvil | | • Va | State) |
| - | FUNERAL DIRECTOR'S Byron K | SIGNATURE | | address berland, | | 25a. | APR 25 | TRAR 25b. REG | istrar's sign | NATURE | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| KESEAKCH AND | RECORDS - BALTIMORE I, MARTLAND | |
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| RTIFICATE | OF DEATH | U |

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|---------|---|--|-------------------------------|------------------------------------|-------------|---|------------------------|--|---------------|------------|----------------------|
| 1. | PLACE OF DEATH | LLEGANY | | | | " SWEST VIR | here deceased I | ived. If instituti b. COUNTY | | | ission) |
| | b. CITY OR TOWN RURAL and give to CUMBERL | (If outside corporate lim nearest town) AND, MD. | its, write | c. LENGTH OF STAY | | C. CITY OR TOWN (IF | TOWN THE TAX | te limits, write R | RURAL ond giv | x-3 | wn) |
| | d. NAME OF HOSE | TAL & WARWI | eve street CK AV | oddress) | | d. STREET ADDRESS | | | | ON | A FARM? |
| 3. | NAME OF DECEASED (Type or print) | Fi JO | | Middle M. | | DOWDEN | 4. DATE OF DEATH | APRIL | nth | 30 30 | Year 19 60 |
| 5. | MA LE | 6. COLOR OR RACE | 7. MARR | RIED MEVER MARRI | | NOV. 3, 190 | | AGE (In years lost birthdoy) 6 77/yrs. | Months D | YEAR IF UN | |
| | Carman H | rking life, even if retired |) | KIND OF BUSINESS C | | | HBY. W. | | | S.A. | COUNTRY? |
| 13. | FATHER'S NAME | DOUDEN | | | 1450 | 14. MOTHER'S MAIDEN | | | | | |
| 15. | | DOWDEN ER IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO |). 17. INFO | | ALLEN | Add | Iress | | |
| 17 | no, or unknown) | (If yes, give wor or dates of | 7(| 05-07-975 | 2 M | EMORIAL HOS | PITAL, | CUMBERLA | AND, MD | | |
| | | ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c | | ne for (o), (b), and (c) | d'ile | Caremon | ie. | | | ONSET AN | D DEATH |
| | Conditions, if gove rise to couse (o), stoting | immediate (|) | Carcu | wine | Baune | va | | | 7 | |
| 7 | lying couse lost | , , | | | | | | | | | |
| CATION | PART II. O1 | THER SIGNIFICANT CON | IDITIONS C | CONTRIBUTING TO DE | ATH BUT NO | OT RELATED TO THE TERM | MINAL DISEASE | CONDITION GI | VEN IN PART 1 | PERI | S AUTOPSY FORMED? |
| CERTIFI | 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF | AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY C | OCCURRED. | Enter noture of injury in | Port I or Port I | l of item 18.) | | | |
| MEDICAL | 20c. TIME OF INJU Hour o. m. p. m. | RY Month, Doy, Ye | ar 20d. II While of wor | NJURY OCCURRED Not while t of work | | E OF INJURY (Home, far y, street, office bldg., et | | r town) | (Co | unty) | (Stote) |
| | | | | | | th accurred at | | | | | |
| | 220. SIGNATURE | ille PL | len | Vigae). 7 dire | M.1 | ATTENDING | MED. | STAFF PHYS. | id dir ine v | | 22b. DATE SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) | DR. WILL | IAM P | • IAMES | 13 | 22d. ADDRESS 441 NORTH | CENTRE | CUMBER | RLAND, | MD. | |
| 23 | BURIAL, CREMATION REMOVAL (Specify Burial | () | 1960 | 23c. NAME OF CEM | | | 23d. LOCATIO | ON (City, town, | or county) | | ote) |
| 24. | FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | | 250. REC | D BY REGISTRA | AR 25b, REG | ISTRAR'S SIGN | | |
| | James F. | . Scarpel. | Li,Cı | umberland | ,Md. | DATE | MAY 4 '6 | 0 | Irilhun S. | Trave | |

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death. Page may be recommed by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in they the funeral director page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

THE ASSESSMENT OF THE STREET OF THE STREET AUTOMOTE TO ME TO THE TOTAL OF CONTRACTOR A MOSSION FOR 1000 - 10 THE REPORT OF THE PROPERTY OF THE PARTY OF T CAR TO THE WINDS OF THE PROPERTY OF THE WAY AND THE WAY OF THE WAY AND THE WAY TO THE STATE OF TH State of the late of the State off, verbander, intended to the movement of the property of th Service of the servic

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No.

4064 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany o. STATE Maryland b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Allegany County Infirmary 116 Maryland Avenue YES NO NAME OF 4. DATE Middle DECEASED William Franklin Dunlap Apri] 19 60 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years ast birthday) Months Hours White Male DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hyndman, Pennsylvania Retired: Auto Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Dunlap Lydia Martz INFORMANT P.O.BOX 599 Address Cumberland, Md. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Allegany County Infirmary Records n01B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Canditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. CERTIFICATION PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while at wark of wark 21. I certify that I attended the deceased from 3/2/60 111/60 , 19 , that I last sow the deceased __, and that death occurred a5: 10AM, from the causes and on the date stated above. olive on_ ADDRESS (Street, city or town, stote) ACTUAL 49 Greene St. SIGNATURE PHYSICIAN'S NAME (Type) Cumberland. Md. James E. McLean 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 1960 Hillcrest Burial Park Cumberland, Maryland April 16. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR John J. Hafer, Cumberland, Maryland

page 3 should TO FUNERAL VS A15 (4) 15M 9/58

certificate as the 0

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DIRECTOR:

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| 4111 | CERTIFICATE | OF DEATH |
|---------|--------------|----------|
| ~ ~ 4.4 | 451/11114/11 | O/ |

Reg. 04.4011

| 1 | n. PLACE OF DEATH a. COUNTY Allegany MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Allegany | | | |
|---|---|--|--|--|--|
| 1 | b. CITY OR TOWN (If outside corporate limits, write FRURAL and give nearest fown) 13 Days | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) X Barton | | | |
| 1 | d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Hiners Hospital | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \) | | | |
| 1 | NAME OF DECEASED (Type or print) Nellie Mae | Lost 4. DATE Month Day Yeor OF DEATH April 9 1960 | | | |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Pemale White WIDOWED DIVORCED | B. DATE OF BIRTH Nov. 28, 1917 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | | | |
| | 0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | Barton, Md. U.S.A. | | | |
| | 3. FATHER'S NAME William Shuhart | 14. MOTHER'S MAIDEN NAME Florence Magruder | | | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) | INFORMANT Address ecil Dye Barton, Md. | | | |
| | PART I. DEATH Enter only one couse per line for (a). (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL | ONSET AND DEATH Continue Complication 6 days Continued of the service of the se | | | |
| | PERFORMED? YES NO PERFORMED? YES NO PERFORMED? | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) | | | | |
| | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work of the post work | | | | |
| , | 21. I certify that I attended the deceased fram Morente, 1939, to 39 M, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) William W. Lesh, M.D. | | | | |
| = | 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY | 7 77 7 | | | |
| - | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westernport | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | | | |

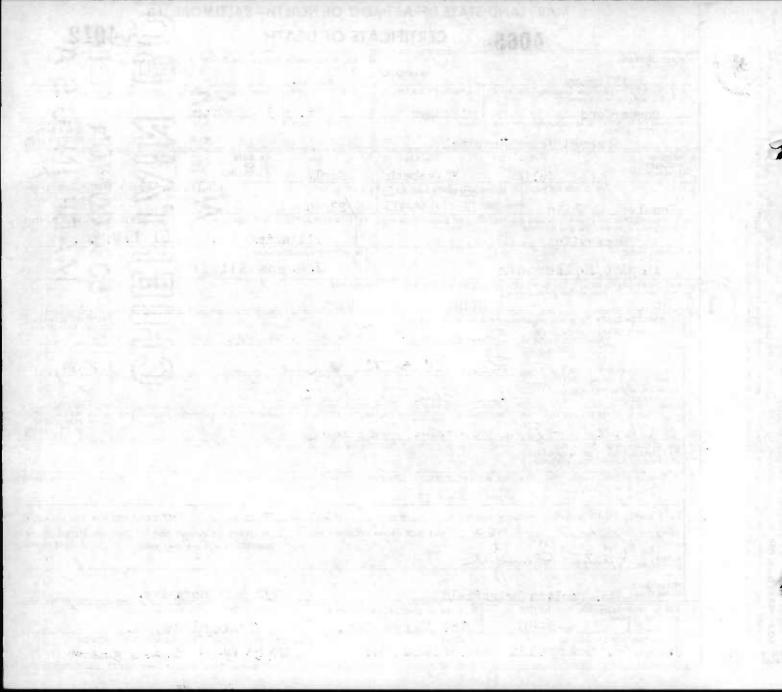
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4065 CERTIFICATE OF DEATH

Reg. Vist. No.12

| | | PLACE OF DEATH D. COUNTY | eganv | | MARYLAN | | a. STATE | ENCE (Wh | ere deceased | lived. If institution b. COUNT | Y | ford | e admissi | an) |
|---|---------|--|---|-----------------|----------------------------|----------|------------------|-------------|----------------|------------------------------------|---------------|----------------|-----------|-------------------|
| | 1 | | autside carporate limit | s, write | c. LENGTH OF STAY IN 1 | b | | | utside carpor | ate limits, write | RURAL and | give nea | rest tawn |) |
| | | | and L (If nat in haspital, gi | | 12 days | | Rt | # 3 | Bec | dford | | 15 | X- | 3 |
| 5 | | d. NAME OF HOSPITA | L (If nat in haspital, gi | ve street | address) | | d. STREET AC | DDRESS | | 1967 15 | | | . IS RESI | DENCE FARM? |
| 人 | | S | acred Hear | Hos | pital | | | | | | | - | | NO 的 |
| | 3. 1 | NAME OF DECEASED | Firs | t | Middle | | Last | | 4. DATE | Ma | nth | Day | | rear . |
| | | Type ar print) | Julia | | Elizabeth | | Early | | DEATH | 4 | | 5 | 1 | 960 |
| | 5. 5 | EX | 6. COLOR OR RACE | 7. MARR | NEVER MARRIED |] B. C | DATE OF BIRTH | | | 9. AGE (In years last birthday) | Months Months | 1 YEAR Days | Hours | R 24 HRS. Min. |
| | | Female | White | WIDOW | DIVORCED | | 9/23/96 | | | 63 yrs | | Days | nders | Min. |
| | 10a | . USUAL OCCUPATION during mast af warking | N (Give kind af wark d | ane 10b. | KIND OF BUSINESS OR IN | DUSTRY | 11. BIRTHPLA | CE (State | ar foreign co | untry) | 12. CIT | ZEN OF | WHATC | OUNTRY? |
| | | | sewife | | | | Il | lino | isk Mt | .Carme | 1 11 | U.S. | Α. | |
| | 13. | FATHER'S NAME | | | | 1 | 4. MOTHER'S | | | | | | | |
| | | August | Kellerso | hn | | | Jo | hann | a Alt | coff | | | | |
| | | WAS DECEASED EVER | IN U. S. ARMED FORG | ES? 16. | SOCIAL SECURITY NO. | INFO | RMANT | | | Ade | dress | | | |
| П | | No | | | None | | Chart | 2010 | | | | | | |
| | | | | se per lin | ne far (a), (b), and (c).] | 0 | | | , | | | | RVAL BET | |
| | | PART I. DEAT | H WAS CAUSED BY: IMMEDIATE CAUSE (a) | 5h | lock and | (1 | PROIAC | 1-A | lilore | | 15.00 | 0143 | LI AND | DEATH |
| | | 560. | DUE TO | - | | | 0.0 | | | | | 0 | , | |
| | | Canditians, if an | | Ke | kase obstru | ho | - of B | mel | | | | 7 | dia | 20 |
| | | gave rise to im cause (a), stating th | | 11 | , | 1 | ,0 | | | | | - | > / | |
| | | lying cause last. | (c) | Item | nin and I | live | tiestil | 9 | | | | | | |
| 1 | CATION | PART II. OTHE | ER SIGNIFICANT CONE | OITIONS C | ONTRIBUTING TO DEATH | BUT NO | T RELATED TO | THETERMI | NAL DISEASE | CONDITION G | VEN IN PAR | T 1(a) 15 | PERFOI | RMED? |
| | | Obesi | 7 | DK. | | _ | SERVE | | | | | | YES 🗌 | NO 🕙 |
| | CERTIFI | 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A | CAUSE OF DEATH | 20b. DES(| CRIBE HOW INJURY OCCU | RRED. (I | Enter nature af | injury in F | Part I ar Part | II af item 18.) | | | | |
| | MEDICAL | | Manth, Day, Yea | | | | OF INJURY (H | | | ar tawn) | (4 | Caunty) | | (State) |
| | MED | Haur a.m. p. m. | 19 | While at war | Nat while | raciary | , street, affice | blug., etc. | 1 | | | | | |
| | | 21. I certify the | at I ottended the | deceas | ed from | - 23 | 1960 | to | 4-5 | 1960 | that I la | st saw | the de | ecensed |
| | | olive on | 4-5 | 1 | ond that de | | | | M from | | | | | |
| | | | 0 | | , Ond mar de | um 00 | corred di_ | | | reel, city or town | | dole | | E SIGNED |
| | | ACTUAL CA | etton Pin | ugh | el | M.D | | | | | | | | |
| | | | | 1) | | | • | | | | | | | |
| | | PHYSICIAN'S NAME (Type) | Carlton | Brin | sfield | | | 2 | 32 Bal | timore A | ve. | | | |
| | 220 | | , 22b. DATE THEREO | | 22c. NAME OF CEMETER | Y OR C | REMATORY | | | ION (City, tawn, | | | (State | e) |
| | | REMOVAL (Specify) Burial | 4-8-60 |) | St. Mary: | s Ce | em. | | Cumb | erland | .Md. | | | |
| 1 | 23. | FUNERAL DIRECTOR'S | | : 0 | ADDRESS | | | 240. REC'I | D RY PEGIST | PAR 245 REG | ISTRAR'S SI | | | |
| 1 | | James F. | pcgrbell | 1 0 | umberland, | vid . | STIE | DATEAPH | 1 1 '60 | an | thung & | truce | | 24 |



TO HOSPIT

VS A15 (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| | | 1 | 1066 | CERTI | FICA | IF OF D | EAIH | | | Reg. | pid A | 13 | 4 |
|---------------|---|-----------------------------|--------------|---------------------------|-----------|----------------------------|--------------|---------------|------------------------------------|------------|-----------|-------------|-------------------|
| 1. | PLACE OF DEATH o. COUNTY A 1 1 | egany | | MARY | LAND | 2. USUAL RESID o. STATE | ence (Who | | d lived. If institu b. COUNT | Y | ence befo | | ion) |
| | b. CITY OR TOWN (If RURAL and give nea | outside corporate lim | its, write | c. LENGTH OF STAY | IN 1b | | | | rate limits, write | RURAL on | d give ne | arest town |) |
| _ | d. NAME OF HOSPITA | | nive street | years | | d. STREET AD | | rland | | | | e. IS RES | DENCE |
| | OR INSTITUTION | snut Stre | | oddressy | | / | | | ut Stre | | | ON A | FARM? |
| 3. | NAME OF DECEASED | | rst | Middle | | Lost | 4.0 | 4. DATE | | onth | Do | by) | reor . |
| | (Type or print) ELM | | 1- | EARL | | TERS | | OF DEATH | APRIL | 22 | | 1 | 9 60 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARR | DIVORCE | | DATE OF BIRTH | | | 9. AGE (In years lost birthdoy) | Months | | Hours Hours | R 24 HRS. Min. |
| 100 | Male . USUAL OCCUPATION | N (Give kind of work | done 10b. | | | ec. 25. RY 11. BIRTHPLA | CE (Stote o | | 68 yrs | | ITIZEN O | F WHATC | OUNTRY? |
| | Retired | ng life, even if retired | | & O Freigh | nt. | Defi | ance | Pen | nsvlvan | ia | US | Α | |
| 13. | FATHER'S NAME | | | Trucker | | | | | nsylvan | | | | - 17 |
| 15 | Benjami WAS DECEASED EVER | n Frankli | n Fei | tters | 1841 | Carr | ie Ca | artwr | ight 445 G | hesti | 111± | Stree | o # |
| (Ye | is, no, or unknown) (ti | f yes, give war or dates of | service] | SOCIAL SECORITI NO | | 4 7 4 | | | Cumb | erla | | Mary | |
| | 18. CAUSE OF DEAT | H [Enter only one co | ouse per lin | ne for (o), (b), and (c). |] | Alice | -0 | rette: | rs | | INT | ERVAL BE | TWEEN |
| | PART I. DEAT | H WAS CAUSED BY: |) | CARCU | VON | IATO | 515 | | | | | SET AND | |
| | | DUE TO | | C. 200 | 20100 | LA K | 0 | 1616 | HIT L | 11.4 | | 1. | |
| | Conditions, if on gove rise to im | mediate Dus To | | CHR CI. | 1001 | (7 0) | | 1.10 | 1711 2 | UNC | 7 | 6 u. | -12 |
| | lying couse lost. | te under- | :) | | | Park Pro | 958 | | | | | | |
| NOF | PART II. OTHE | R SIGNIFICANT CON | DITIONS | ONTRIBUTING TO DE | ATH BUT N | IOT RELATED TO | THE TERMIN | NAL DISEASI | E CONDITION G | IVEN IN PA | ART 1(0) | 19. WAS A | AUTOPSY RMED? |
| CERTIFICATION | 20a. ACCIDENT WAS | 5/74TIC | 120h DESC | RIBE HOW INJURY O | 120 | PHY | :-i i= 0 | and I as Past | II of item 10) | | | YES | NO D |
| CERTI | OR CONTRIBUTING (| CAUSE OF DEATH | 200. DESC | KIBE HOW INJURY O | CURRED | tenier parute or | refert for t | arr i or ron | i ii or iiem io.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Hour o. m. | Month, Doy, Ye | or 20d. IN | Not while | 20e. PLAT | E OF INJURY (H | ome, farm, | 20f. (City | or town) | | (County) | | (Stote) |
| ME | p. m. | 19 | ot work | | , | | | | | | | | |
| | 21. I certify the | A " 11 | ~ | / | tan | 190 | to | ful | 22, 196 | Shat I | last sa | w the d | eceased |
| | alive anQ | your 20 | 2, 19 | 60, and that | death | accurred at_ | | | the causes a | | he date | | abave. E SIGNED |
| 3 | ACTUAL SIGNATURE | Meline | is | nan | м | .D. 5 | | | | | 4/> | 3/6 | 0 |
| | PHYSICIAN'S NAME (Type) | . G. Weis | man | M.D. | | 59 | Gree | ne St | . Eumbe | rlan | d, M | d | |
| 220 | REMOVAL (Specify) | 4/25/60 | OF | 22c. NAME OF CEM | | | | - | TION (City, town, | or county |) | (Stote | =) |
| 23. | Burial FUNERAL DIRECTOR'S | | | Hillcres ADDRESS | t Bu | | | BY REGIST | | ISTRAR'S | | Kt - | |
| | John J. H. | afer. Cum | herla | and Maryl | and | | DATEDO | 26 '60 | an | Chur S. | Krau | 4 | |

coop Calorac are or party and a second T, MY ... Del ... and ... W. T. ... The Late of the Control of the Contr Salving a memory administration of the control of t bentified the state of research for the settle of the sett Called the second of the secon bit and the later of the second of the secon landered and the desired such later the till to the parties of the land e deligio. Ha ten en estado en la estada en estado en estado en estado en estado en estado en estado en estado

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24a. REC'D 8Y REGISTRAR

8 '60

Allegany

Months

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO E

> > (Stote)

DATE SIGNED

(Stote

(County)

24b. REGISTRAR'S SIGNATURE

U.S.A.

e. IS RESIDENCE ON A FARM?

YES NO TE

Year

19

60

HEART OF BEATH

and the second of the second of the second of the second of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4068 **CERTIFICATE OF DEATH** Reg. Dist. No.

| 1. | PLACE OF DEATH | and the same of | | MANAGET V | | USUAL RESIDI | ENCE (Wh | ere decease | | | | nce befo | re admiss | ian) |
|---------------|---|---|----------------|--|-----------|--------------------------------------|----------------------|---------------|---------------|-----------|-------------------|-----------|------------|----------|
| | a. COUNTY Alle | gany | | MARY | LAND | o. STATE | aryla | and | b. (| COUNTY | | egar | lV. | |
| | b. CITY OR TOWN (If RURAL and give new Cumber lan | orest town) | its, write | c. LENGTH OF STAY | | c. CITY OR TO | own (If o | | orote limits | , write F | URAL and | give ned | arest town |) |
| | d. NAME OF HOSPITA | | give street | | | d. STREET AD | | ALICA | | | | | e. IS RES | IDENCE |
| | Sacred | Heart Hos | pital | | | Rt. #3 | . Val | Llev R | ld. | | | | | FARM? |
| 3. | NAME OF DECEASED | Fi | st | Middle | | Lost | | 4. DATE | | Mar | ith | Do | y ' | feor |
| | (Type or print) | Mar | У | France | S | Golds | borou | OF PEATH | | Ap: | ril | 26 | 5 | 1960 |
| 5. | SEX | 6. COLOR OR RACE | 7. MAR | RIED NEVER MARRIE | ED B. | DATE OF BIRTH | | | 9. AGE (| rthdovl | IF UNDE Months | | 1 | |
| | Female | White | WIDOW | ED DIVORCE | | /21/98 | | | 62 | yrs. | Months | Doys | Hours | Min. |
| 10c | . USUAL OCCUPATIO | N (Give kind of working life, even if retired | done 10b. | KIND OF BUSINESS O | R INDUST | Y 11. BIRTHPLA | CE (Stote | or foreign c | country) | | 12. CI | IZEN O | WHATC | OUNTRY? |
| | Housewife | ing ine, even it famee | | vn Ilome | | Marv | land | | | | U | .S. 4 | 1. | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | NAME | | | | | | - 12 |
| | Occan | M. Swartle | 37 | | | Amanda | Maar | Dock | | | | | | |
| 15. | WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO | . INF | ORMANT | 1100 | DC CIT | | Add | ress | | 1/4-17 | |
| Į (Te | is, no, or unknown) [| If yes, give war or dates of : | service) | | | Husband | _ Wi | lliam | M. Go | olds | horon | gh. | Sr. | |
| F | 1B. CAUSE OF DEA | TH [Enter only one co | ouse per li | ne for (o), (b), and (c). | 1 | IIIISVARO | | | | 7100 | | INT | ERVAL BE | TWEEN |
| | | H WAS CAUSED BY: | | Uremi | 2 | | | | | | | ON | SET AND | DEATH |
| | 4-11-1 | IMMEDIATE CAUSE (c | | | | | VS. D.C. | | | | | | | |
| | Canditions, if on | | | 1 handen | 1111 | e Card | 2is - | Van | rulo | - | Kom | . 8 | | |
| | gove rise to in | nmediote (|) | The same of the sa | | 1 | | 7 100 | 000 | | / | | | |
| | couse (a), stoting to lying cause lost. | he under- DUE TO | , | | 29 | sease | 2 | | | | | | | |
| Z | | FP SIGNIFICANT CON | IDITIONS (| CONTRIBUTING TO DEA | ATH RUT N | OT PELATED TO | THE TERM | NAI DISEAS | E CONDIT | ION GI | /FN IN PA | PT 1(a) 1 | 9 WAS | ALITOPSY |
| CERTIFICATION | Oston | thirtis | | | | | | | | | | K1 1(0) | PERFO | RMED? |
| CERTIF | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY O | CCURRED. | (Enter nature of | injury in I | Port I or Por | rt II af iter | n 1B.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Hour a. m. p. m. | Month, Day, Ye | While | NJURY OCCURRED Not while | | E OF INJURY (H ry, street, office | | | y or town) | | | (County) | | (State) |
| | 21. I certify the | at I attended the | deceos | ed from 4 | 3_ | 1960 | , ta | 4/20 | 6 | 1960 | that I I | ost sav | v the d | eceased |
| P | olive an | 4/25 | | 1 | death c | ccurred at2 | LOUA | M. from | | | | | | |
| | | 101 | 111 | 1) ~ | | | | ADDRESS (S | | | | | | E SIGNED |
| | ACTUAL SIGNATURE | Kend | 1 | En & | м. | 4 | 456 | N. C | ande | e 8 | 2 | | 41 | 26/6 |
| | PHYSICIAN'S NAME (Type) | LEO H | 1 | EY VR. | | C | Jun | fert | Cans | 0 2 | Ed . | | | 1 |
| 220 | BURIAL CREMATION | V. 22b. DATE THEREC | OF. | 22c. NAME OF CEME | FTERY OR | PEMATORY | | 22d. LOCA | TION (Cin | v. town | or countyl | | (Stat | e) |
| | Burial Specify) | 4/28/60 | , ¹ | Rosehill | | | | Cumbe | | | | | | |
| 23. | FUNERAL DIRECTOR'S | SIGNATURE | L | ADDRESS | - 01110 | | 24a. REC' | D BY REGIS | | | STRAR'S S | | | |
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| 56 TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 km is after death. Page 4 | may be readined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, at the formal propers. Poges 1 and 2 should be filled with the negation prior to burial cremoter or removed and in any event within 72 hards after death. | 1 |
| s after | by the fu I 2 shaul | (|
| n 24 by | filled in | |
| ed within | pletely f ers. Pog | |
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| ficate be | ysician ove carb | |
| oth certi | nding ph sase rem | |
| at the de | may be rowined by the hospital or attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burital-transit permit. Then please remove carbon paper the resistron prior to burial cremotion or removal and in any event within 72 harrs after death | |
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| AN: The | may be readined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been significantly and the detached for use as the burial-tronsit physician price principle to burial cremotion or removal and | |
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| | 20119 | | | | Keg. Dist. No. | |
|---|---|------------------------------------|--|---|-------------------------------------|--------------------|
| 1. PLACE OF DEATH o. COUNTY | Allegany | MARYLAND | 2. USUAL RESIDENCE (Where o. STATE Maryla | | tion: Residence before admi | ssion) |
| b. CITY OR TOWN (If RURAL and give nea | | c. LENGTH OF STAY IN 16 9/14/57 | c. CITY OR TOWN (If outs | | RURAL and give nearest to | vn) |
| d. NAME OF HOSPITA OR INSTITUTION | L (If not in hospital, give street Llegany Coun | oddress) ty Infirmary | d. STREET ADDRESS | | ON | A FARM? |
| 3. NAME OF DECEASED (Type or print) | Clarenc | e William | Grandstaff | OF DEATH Apri | Day | Year 19 60 |
| 5. SEX Male | 6. COLOR OR RACE 7. MAR WIDOW | THE TEN MARKIED | 8. DATE OF BIRTH 2/16/1880 | 9. AGE (In years last birthday) 80 yrs | Manths Days Hours | 1 |
| Retired - | ng life, even if retired) | KIND OF BUSINESS OR INDU | Virginia | Busines | U. S. A | |
| 13. FATHER'S NAME | oseph Grands | taff | 14. MOTHER'S MAIDEN NAM | ·- | | |
| 15. WAS DECEASED EVER (Yes, no or unknown) (If | IN U. S. ARMED FORCES? 16. f yes, give war or dates of service) | | NFORMANTP.O.BOX Llegany Count | | dressCumberlar ry Records | nd, Md |
| PART I. DEAT | H (Enter only one couse per li H WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO | fine for (a), (b), and (c).] | ocarbial. | Degener | ation Interval onset an | BETWEEN D DEATH |
| Conditions, if ongove rise to im couse (o), stating the lying couse lost. | mediote Dus TO | Dialiete | mella | tus; | ? | YE |
| PART II. OTHE | R SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINA | L DISEASE CONDITION G | PERF | ORMED? |
| | CAUSE OF DEATH | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Por | t I or Port II of item 18.) | | |
| 20c. TIME OF INJURY Hour a. m. p. m. | Month, Day, Year 20d. While of wo | Not while fac | ACE OF INJURY (Home, form, tary, street, affice bldg., etc.) | 20f. (City or town) | (County) | (Stote) |
| 21. I certify the olive on 11/1 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) D | 1 I oftended the deceoder. 19 **CULS Gr. James E. | | 60. 49 Gree | | | |
| 220. BURIAL, CREMATION REMOVAL (Specify) | 4/4/60 | 22c. NAME OF CEMETERY O | R CREMATORY 22 | d. LOCATION (City, town, Westernport | or county) (St | ote) |
| 23. FUNERAL DIRECTOR'S | | ADDRESS lesternport, Md | | | SISTRAR'S SIGNATURE Orthon & Thomas | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4112 CERTIFICATE OF DEATH

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|-----|--|--------------------------|---|---|---|
| | 1. PLACE OF DEATH O. COUNTY ALLEGANY | MARYLAND | 2. USUAL RESIDENCE (WO. STATE MARY) | here deceased lived. If institution b. COUNTY | an: Residence before admission) ALLEGANY |
| 1 | RURAL and give nearest town) | LIFE | 07 | outside corporate limits, write RI | URAL and give nearest town) |
| 1 | d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION MINERS HOSPITAL | ess) | /d. STREET ADDRESS 29 BI | EALL ST. | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) GEORGE A. PE | ARRE | HANNA | 4. DATE Mon OF DEATH APR | |
| | S. SEX MALE 6. COLOR OR RACE WHITE WIDOWED | | APR. 5, 189 | 9. AGE (In years lost birthdoy) 62 yrs. | Months Days Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) CUSTODIAN 13. FATHER'S NAME | LES LODGE | MARY LA I | ND | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| | ULYSSES HANNA | | | WILLIAMS | |
| 1 | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC | IAL SECURITY NO. 17. INI | FORMANT | Addi | ress |
| | Yes, no, or unknown) (If yes, give war or dates of service) | 07-0047 DOI | NALD HANNA | FROSTBU | RG, MD. |
| | Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CON | Tereprofes | NOT RELATED TO THE TERM | and Disease Condition GIV | YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | Port I or Port II of item 18.) | YES NO |
| | ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour a. m. 19 of work | Not while fact | CE OF INJURY (Home, fore ary, street, office bldg., et | | (County) (Stote) |
| | 21. I certify that (I) (this haspital) attended saw the deceased alive an arrange of the saw that the deceased alive and the saw the deceased alive and the saw that the saw t | 1960, and that de | A.D. ATTENDING A.D. PHYS. 22d. ADDRESS | ADWAY, FROST | that (I) (we) last d an the date stated abave. 22b.DATE SIGNED BURG, MD. |
| | | BC. NAME OF CEMETERY OR | | 23d. LOCATION (City, town, of FROSTBURG. | |
| | 24 FUNERAL DIRECTOR'S SIGNATURE | ADDRESS STBURG, MD. | | D BY REGISTRAR 256. REGI | STRAR'S SIGNATURE Criting & Thomas |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4070 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND erol b. CITY OR TOWN Uf autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give newest town) pe RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO NAME OF First Middle 4. DATE Manth Year DECEASED (Type ar print) DEATH 196 Pog 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Manths Days WIDOWED E DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod during mast of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. umberland, Mo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY: DUE TO Canditians, if any, which ro mes gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. m. Nat while at wark at work 19 57, to 21. I certify that I attended the deceased from 7-6 ______ 1960 that I last saw the deceased ____, and that death occurred at 130 AM, from the causes and on the date stated above. ADDRESS (Street, city ar tawn, state) DATE SIGNED ACTUAL CENTRE S 3 should WILLIAM IAMES, M.D. CUMBERLAND, MD. PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (State REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thans 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORS, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4071

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 1. PLACE OF DEATH o. COUNTY | | | MARYLAI | | SUAL RESIDENCE (WI | | l lived. If instituti b. COUNTY | | ce befo | re admiss | ion) |
|---|--|---|------------------|------------------------------|------------|--------------------------------|--|--|--------------------|------------------|------------------|-----------|
| 1 | | autside carporate limits, | | NGTH OF STAY IN | | Mary La | | rate limits, write F | ALJ | Lega give ned | ny prest town | n) |
| / | RURAL ond give ne | | 4 | 20/60 | 00 | Cumberlar | nd. Md | | | | | |
| | d. NAME OF HOSPITA | L (If not in haspital, giv | e street address | 5) | 1 | d. STREET ADDRESS | 100 1100 | | | | e. IS RES | FARM? |
| 2 | | Heart Hospi | tal | | | 2091 Carr | col Str | reet | | | | NO [|
| | 3. NAME OF DECEASED | First | | Middle | 142 | Last | 4. DATE OF | Mai | nth | Do | y | Year |
| | (Type or print) | | ssie | Fran | | Heavner | DEATH | 4 | | | | 19 60 |
| | 5. SEX | 6. COLOR OR RACE | MARRIED X | NEVER MARRIED | B. DA | TE OF BIRTH | | AGE (In years last birthdoy) | IF UNDER Months | 1 YEAR | Hours | ER 24 HRS |
| | Female | **** | VIDOWED [| DIVORCED | _ | -4-86 | 5 | 73 yrs. | | | | |
| | 10a. USUAL OCCUPATIO during most af worki | N (Give kind of work da ing life, even if retired) | ne 10b. KIND (| OF BUSINESS OR II | NDUSTRY | 11. BIRTHPLACE (State | or fareign co | ountry) | | | WHAT | COUNTRY |
| | Housewife | 9 | Ownh | ome | | West Vi | | 2 | U | ISA | | |
| | 13. FATHER'S NAME | | | | 14. | MOTHER'S MAIDEN | | | | | | |
| | Dan: | iel Hyre | 1000 | | | Hanı | nah Wh | etzel | | | - 1 | |
| V | 15. WAS DECEASED EVER (Yes, no, or unknown) (I | IN U. S. ARMED FORCE | rice) | and the second second | INFOR | MANT | | Add | lress | | | |
| | No | | Non | ne l | | Patie | ent's (| Chart | | | | |
| | Canditions, if on gave rise ta in couse (a), stating t lying couse last. | nmediate Dur TO | | | | cardio- | | | | | 9. WAS PERFO | ears |
| | 200. ACCIDENT WAS | CAUSE OF DEATH | Ob. DESCRIBE H | | e. PLACE C | er nature af injury in | n, 20f. (City | | ((| County) | | (Stole |
| | 20c. TIME OF INJURY Hour a. m. p. m. | 19 | While N | Not while | foctory, | street, office bldg., etc |) | | | ,, | | |
| | 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | Pu Been Or. R. W. Ps | deceased from 19 | am. 14-9-5 | eath acc | orred at 7:4 62 Gr Cumbe | 5M, from ADDRESS (St reene erland | d, Md. | and an the | | bat | d abave |
| | 220. BURIAL, CREMATION REMOVAL (Specify) Buriaa | 4/25/60 | | NAME OF CEMETER Sunset Me | | | - | 10N (City, town, aberland | | vla | (Stor | ie) |
| | 23. FUNERAL DIRECTOR'S | SIGNATURE | - | ADDRESS | | 24a. REC' | D BY REGIST | RAR 24b. REG | STRAR'S SI | GNATU | RE | 7.29 |
| | John J. | Hafer C | umberla | and, Mary | yland | DATE & | PR 26 '6 | 60 C | vilus & | . The | MA" | |

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| MARYLAND | STATE DEPARTMENT | OF HEALTH-BALTIMO | ORE, 18 |
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4072 CERTIFICATE OF DEATH

Reg. Dist. No. 2()

| | 1. PLACE OF DEATH o. COUNTY Allegany MARY | YLAND | 2. USUAL RESIDENCE (W | | If institution: COUNTY | Residence before | |
|---|---|---------------------------------|--|--|----------------------------------|------------------------|--|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 2/11/59 | IN 15 | c. CITY OR TOWN (IF a | outside corporate lim | its, write RUR | AL and give nea | rest town) |
| | d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Allegany County Infirm | nary | d. STREET ADDRESS Eckhe | art Mine | s | | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) Mary Regin | | Lost Hess | 4. DATE OF DEATH | Month April | 13 | |
| | 5. SEX Female 6. COLOR OR RACE White Widowed Divorce | - | 8. DATE OF BIRTH 3/3/1866 | | (In years IF | Aonths Doys | Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | OR INDUS | Germany | | | | WHAT COUNTRY? |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | |
| - | John Milkowski | | Unknown | | | | |
| | 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Vas. no, or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) | | NFORMANTP.O.BO Llegany Cou | | | - | land, Md |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While of work at work at work at work at work at work at work. 21. I certify that I attended the deceased fram 2/11 alive an 1/12/60 , 19 , and that SIGNATURE PHYSICIAN'S Dr. James E. McLean | ATH BUT CCCURRET 20e. PL/ foc | ACE OF INJURY (Home, form, street, office bldg., etc., 19, ta., 49, Gr., M.D., 49, Gr., 49, G | Alfebrase COND Port I or Part II of it n, 20f. (City or town | DITION GIVEN em 18.) n) 19, th | (County) at I last saw | P. WAS AUTOPSY PERFORMED? YES NO (Stote) |
| | | | 's Cemetery | 1110000 | urg, | | (State) Md. |
| | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frostburg, | Md | | D 8Y REGISTRAR | | MAR'S SIGNATUR | |

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death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4073 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Allegany Maryland b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Allegany County Infirmary Brooks Hotel YES NO NAME OF Middle DATE Month Year DECEASED H111 April Hinkle 19 60 Zane DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH ast birthday) Months Hours Male White DIVORCED | WIDOWED X yrs. 10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Kitchen Helper (Hospita) Retired Maryland S. 13. FATHER'S NAME Zane C. Hinkle Eliza Wilkinson INFORMANT P.O.BOX 599. AddressCumberland. Md. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Allegany County Infirmary Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Nat while at wark at work 21. I certify that I attended the deceased fram. 160 __, 19__,that I last saw the deceased and that death accurred at 1:15 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Greene St. SIGNATURE Cumberland, Md. PHYSICIANIS James E. McLean NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Gumberland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** APR 1 8 '60 Clathus & Thous Ruth E. Silcox Cumberland Maryland DATE

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.by. James E. Moloca Gudberland, Md.

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RAGION - PLONES - SOUTH SELECT

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04022

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|------|-------|-----|----|
| Reg. | Dist. | No. | |

| 1. | PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE 385 and 375 an | | | | | | | |
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| / _ | Alle | | MARYLAND | West | Virg | iniacounn | Mine | ral | | | |
| | ond give nearest town) | de corporate limits, write RURAL | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (| If outside corp | orate limits, write | RURAL ond gi | ve nearest lown) | | | |
| _ | Cumberla | | 25 Min. | | Ford | | | 85 X-3 | | | |
| | d. NAME OF HOSPITAL O | OR INSTITUTION (If not in hos | spital, give street address) | d. STREET ADDRESS | | | | e. IS RESIDENCE ON A FARM? | | | |
| - | lemorial Ho | | | | | | | YES NO | | | |
| 3. | NAME OF DECEASED | First | Middle | Last | 4. DATE OF | Month | | Day Year | | | |
| - | (Type or print) | Samuel | W. | Hott | DEATH | April | 1; | | | | |
| 5. | SEX 6. | COLOR OR RACE 7. MARRI | ED NEVER MARRIED 8. | DATE OF BIRTH | NUE I | 9. AGE (In years last birthday) | Months Do | AR IF UNDER 24 HRS. | | | |
| | Male | White WIDOWE | | Unknow | m | 85 yn. | Molinia Du) | nous min. | | | |
| 100 | USUAL OCCUPATION (Couring prost of working life | Give kind of work done 10b. I | KIND OF BUSINESS OR INDUST | 11. BIRTHPLACE (Stot | e or foreign co | ountry) | 12. CITIZEN | OF WHAT COUNTRY? | | | |
| | Tellier | Farmer To | ermer for Jely | Wes | t Vir | ginia | US | SA | | | |
| 13 | FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | | | | | |
| | Willia | | | Unker | ne | | | | | | |
| 15 AY. | WAS DECEASED EVER IN | U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. IN | FORMANT | | Address | | | | | |
| L | 110 | | none Me | emorial Ho | spita | 1. Cumb | erland | a. Md. | | | |
| | 18. CAUSE OF DEATH | Enter only one cause per line | | | | | - 1 | NTERVAL BETWEEN ONSET AND DEATH | | | |
| | PART I, DEATH W | AS CAUSED BY: EDIATE CAUSE (o) | Coronary Oc | cclusion | | | | 8 Hrs. | | | |
| | 420,1 DUE TO | | | | | | | | | | |
| | Conditions, if ony, which) (b) Arteriosclerotic CV disease | | | | | | | | | | |
| 1 | gave rise to immediate cause | | | | | | | | | | |
| 78 | (a), stoting the underlying out to | | | | | | | | | | |
| Z | PART II. OTHER SI | IGNIFICANT CONDITIONS CO | ONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERA | AINAL DISEASE | CONDITION GIV | EN IN PART 1(|) 19. WAS AUTOPSY | | | |
| ATE | | | | | | | | YES NO TO | | | |
| CERTIFICATION | 20a. EXTERNAL CAUSE V | | E HOW INJURY OCCURRED. (Er | iter nature of injury in Pa | rt I ar Part II o | of item 18.) | | | | | |
| CER | PRIMARY OF CONTRIB | BUTING LI | | | | | | | | | |
| 3 | 20c. TIME OF INJURY | Month, Day, Year 20d. I | NJURY OCCURRED 200. PLAC | E OF INJURY (Hame, far | m, 20f. (City | or town) | (County |) (State) | | | |
| MEDICAL | Hour o.m. p. m. | While of wo | Not while facta | ry, street, office bldg., et | c.) | | | | | | |
| 1 | | | remains described abov | e held an Auton | sv 🗖 In | spection K. | Inquiry 3 | , and find that | | | |
| | | | Accident [], Suid | | | determined c | | E, una mia mai | | | |
| | | / | Po de | de | e [_], On | derermined C | dose [_]. | | | | |
| | ACTUAL 2 | 1.96.1 | & tarelia) | CHIEF MEDICAL E | YAMAINED [| | | DATE SIGNED | | | |
| | SIGNATURE | meaner XII | charico | ASSISTANT MEDIC | | | | | | | |
| | EXAMINER'S NAME (Type) Res | | | DEPUTY MEDICAL | | | 7 777 | 2000 | | | |
| 220 | BURIAL CREMATION, 2 | | 22c NAME OF CEMETERY OF | | | 4454 | | 1960 | | | |
| | REMOVAL (Specify) | 4/16/60 | Oligens Pour | I am Ke | per de as | ION (City, town, o | cuia. | (State) | | | |
| 23. | FUNERAL DIRECTOR'S SIC | GNATURE | ADDRESS | 240. 050 | D BY REGISTR | | TRAR'S SIGNA | TURE | | | |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4075 CERTIFICATE OF DEATH

04024

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| Page | iled wir | 1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WEST VIRGINIA MINERAL | |
| oth. | oe f | b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) | |
| de | old b | RURAL and give nearest town) CUMBERLAND 20 DAYS RIDGELEY 85×-3 | 3 |
| rs afte | by the 12 sho | d. NAME OF HOSPITAL (6 DOLIN hospital give street oddress) OR INSTITUTION NEMORIAL HOSPITAL MEMORIAL & WARWICK AVES. d. STREET ADDRESS ON A FA YES NEMORIAL & WARWICK AVES. | RM? |
| 3 | E E | 3. NAME OF First Middle last 4. DATE Month Day Yea | |
| 1 24 | filled ges 1 cath. | DECEASED (Type or print) CHARLES D KENNEY DEATH APRIL 13 190 | 0 |
| i i | Pages death | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) White widowed Divorced OCTOBER 117878 9. AGE (In years lost birthday) Months Days Hours | |
| 3 | pletely fill, ers. Pages after death | MALE WHITE WIDOWED DIVORCED DOCTOBER 11 1878 OF Northday) Months Days Hours | Min. |
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| exe | o pu o | Retired Saw Mill Self Emp. SPRINGFIELD, W.VA. U.S.A. | |
| pe | o dro | 13. FATHER'S NAME | |
| cate | sicio ve c withi | OKIE KENNEY SALLY CHANEY | |
| ertifi | ng physic event, wit | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) | |
| th Ce | 2 0 0 | No Memorial/Hospital | |
| e dea | attend in pleas in any | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH [Enter only one cause per live for a), (b), and (c), and (c) | ATH |
| at to | The | 610 X DUE TO | |
| s th | d by | Canditians, if any, which (b) | |
| uire | perio | gave rise to immediate cause (a), stating the <u>under-</u> | |
| red ian. | asit asit or r | lying causivalast. (c) | OBC |
| he law | rial-tra | Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHER FORM YES 20a. ACCIDENT WAS UNDERLYING 22 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER) | ED? |
| IAN: T | ficate the burner of, crem | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| SICI | certifi as ourio | 20c. TIME OF INJURY Manth, Day, Year 20d. tNJURY OCCURRED Hour a.m. While Nat while of wark at wark at wark at wark at wark at wark | (Stat |
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| NO e | E E E | saw the deceased alive an 119 , and that death accurred at 204, PMm the causes and an the date stated a | |
| ATTE by th | af Hea | 22a. SIGNATURE ATTENDING WED. STAFF STAFF PHYS STAFF | |
| OR | O FUNERAL DIRI | 22c. PHYSICIAN'S NAME (Type) 22d. ADDP552 SOUTH CENTRE ST. | |
| P. o | 3 sh | HOWARD TOLSON CUMBERLAND, MARYLAND | |
| HOSP ay be | FUNERA bage 3 sh he State | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) | |
| OE | O pd t | Burial" 4-16-60 Fort Ashby Cem Fort Ashby, W. Va. | |
| VR A | 15 (4) | James F. Scarpelli Cumberland, Md. | |
| 15M | 9/59 | | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4076 CERTIFICATE OF DEATH

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|---|--|-----------------|-------------------|------------|---|------------------------|--|-------------------|--------------|------------------|-------------------|
| 1. PLACE OF DEATH a. COUNTY ALL | EGANY | | MARYLAN | a. | STATE MARYLA | 111 | d lived. If institut b. COUNT | | EGAN | | an) |
| b. CITY OR TOWN (III RURAL ond give ne | autside corporate limits, grest town) BERLAND | | 3HRS.55 MI | 110 | CUMBERI | | rate limits, write | RURAL and | give nea | rest tawn |) |
| d. NAME OF HOSPIT. OR INSTITUTION MEMORIAL | MEMORIAL HO & WARWICK A | SPITAL VES | ess) | / d | 782 FA | YETTE S | TREET | | | | DENCE FARM? |
| 3. NAME OF DECEASED (Type or print) | First | JAMES | Middle We'ir | | Last KIRK | 4. DATE OF DEATH | | nth PRIL | . 55 . 50 | | rear 1960 |
| 5. SEX MALE | 6. COLOR OR RACE 7 | MARRIED VIDOWED | | | RIL 22. | 1891 | 9. AGE (In years last birthdoy) 69 yrs | Manths | Days Days | IF UNDE Haurs | R 24 HRS Min. |
| during mast af wark | N (Give kind of work do ing life, even if retired) Spect. Ac | | B. & O. | Rwy | Glasgo | w, Sco | auntry) | | U.S | | OUNTRY |
| 13. FATHER'S NAME | MES KIRK | | | 14. | Anna W | | | | | | |
| | R IN U. S. ARMED FORCE (If yes, give war or dates of serv | | AL SECURITY NO. 1 | 7. INFORM | ANT ORIAL HOS | SPITAL. | | dress BERLAN | ID. M | ID. | |
| Canditians, if o gove rise to it cause (a), stating lying cause last. | mmediate (DUE TO | TIONS CONT | RIBUTING TO DEATH | BUT NOT R | ELATED TO THE TE | Lenge CERMINAL DISEAS | e condition G | ailu IVEN IN PAI | 2 | 9. WAS PERFO | AUTOPSY PRMED? |
| 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR | CAUSE OF DEATH MEDICAL EXAMINER) | 20d. INJUR | | . PLACE OI | er nature af injury INJURY (Home, leter) affice bldg., | form, 20f. (City | | | (Caunty) | | (State |
| | t (I) (this hospital) and alive on 2 | rie | 1960 and the | omot death | occurred ple | 1956 to _ | the causes of STAFF PHYS. ENTRE STAFF | nd on th | _ | stoted | |
| 23a. BURIAL, CREMATIO REMOVAL (Specify) Burial | N, 23b. DATE THEREOF 4/25/60 | | | _ | | 23d. LOCA | TION (City, town | or caunty) | | (State | e) |
| H. Wayne | | Cumbe | rland, M | aryla | | REC'D BY REGIS | | GISTRAR'S S | | RE | |
| | | | | | | 31 44 | Cir | Chur S. | Tiraces | | |

may be remined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 TO HOSP VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4077

CERTIFICATE OF DEATH

04026

Reg. Dist. No.

| 1. PLACE OF DEATH a. COUNTY | Allegar | ny | MARYLAN | 0 51 | ATE | (Where decease yland | ed lived. If instituti b. COUNTY | | gany | ssion) |
|---|--|------------|-------------------------------------|---------------|-------------------------------------|------------------------|---|----------------|-------------|--------------------|
| b. CITY OR TOWN (RURAL ond give n | | its, write | 1/21/56 | 1b c. C |) | (If outside carpo | orote limits, write F | URAL ond give | nearest tow | vn) |
| OR INSTITUTION | TAL (If not in hospitol, gallegany (| | ty Infirma: | | TREET ADDRESS | | ianna A | venue | ON | A FARM? |
| 3. NAME OF DECEASED (Type or print) | Jol | | Middle G • | F | Lost | 4. DATE OF DEATH | April | nth | Day | Year 19 60 |
| 5. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIED | 8. DATE | | 30 | 9. AGE (In years lost birthdoy) 79 yrs. | IF UNDER 1 Y | | DER 24 HRS. |
| 10a. USUAL OCCUPATION during most of work Retired | 10 |) | KIND OF BUSINESS OR IN Tailoring | | 8IRTHPLACE (SI | tote or foreign o | 1 7 7 | | S. A | COUNTRY? |
| 13. FATHER'S NAME | incent Ky | lus | | | other's maide Mary | N NAME Unkno | own | | | |
| 15. WAS DECEASED EVE (Yes, no, or unknown) | ER IN U. S. ARMED FOR (If yes, give war or dates of s | CES? 16. | SOCIAL SECURITY NO. | | | ox 599 | Add Infirma | ry Rec | | |
| | ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c |)() | ne for (0), (b), and (c).] | Zyp | andi | al De | egecelr | ation | NTERVAL 8 | SETWEEN D DEATH |
| Conditions, if a | mmediate |) | Leerebr | al | ark | terio | och | esis | > | Alt: |
| couse (o), stoting lying couse lost. | (0 | :)(: | arthre | Lis | De | force | eare | 9, | , | |
| PART II. OTI | HER SIGNIFICANT CON | nons c | CONTRIBUTING TO DEATY | er o | iral | WHINAL DISEAS | SE CONDITION GIV | /EN IN PART I(| PERF | ORMEDZ |
| | AS UNĎĚRLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | CRIBE HOW INJURY OCCU | JRRED. (Enter | noture of injury | in Port I or Por | rt II af item 18.) | | | |
| 20c. TIME OF INJUF Hour o. m. p. m. | RY Month, Doy, Ye | While | Not while of work | foctory, stre | NJURY (Home, f et, office bldg., | form, 20f. (City | y or town) | (Cour | nty) | (Stote) |
| alive on 4 | 1/60 | -, 19 | There | M.D | 49 Gre | address (S | the causes are treet, city or town, | d an the d | ate state | |
| PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC | Dr. James | | McLean | | | | Marylan | | | |
| REMOVAL (Specify Burial | 4/4/60 | | | | Churc | ch Cem. | | urg. M | arvla | and |
| John J. Ha | | erlai | address nd, Marylan | d | 24a. R DATE | APR 5 | 100 | STRAR'S SIGNA | 11 | |

after death. Page 4 ely filled in by the funeral directar Pages 1 and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Then please remave carban papers. page 3 shauld be detached for use as the burial-transit permit. sined by the haspital ar attending physician.

in any event within 72 haurs after

the registrar priar ta burial, crematian, ar remaval, and

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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| | | LACE OF DEATH | LEGANY | | MAR | YLAND | 2. USUAL RESIDENCE (VO. STATE MARY | | d lived. If institution b. COUNTY | | nce befo | | sion) |
| - | t | CUMBERL | outside carporate limi irest town) | ts, write c | LENGTH OF STA | (IN 1b | c. CITY OR TOWN (I | outside corpo | rate limits, write R | URAL ond | give nec | rest town | n) |
| | | | | | 3 4 DA | YS | | RLAND, | | | | 16 PF4 | UDENICE. |
| 2 | (| OR INSTITUTION | AL HOSPITA | L | dress) | | d. STREET ADDRESS | #5 | | | | | FARM? |
| | 3. 1 | NAME OF DECEASED | Fir | | Middle | | Last | 4. DATE OF | Mon | th | Da | у | Yeor |
| | | Type or print) | MELVI | , , | | ANCAS | | DEATH | APR | * 000 | 5 | | 19 60 |
| | S. S | MA LE | 6. COLOR OR RACE WHITE | 7. MARRIEL | NEVER MARR | | NOVEMBER 23 | ,1941 | 9. AGE (In years lost birthday) yrs. | Months | Days | Hours | Min. |
| | 10a | | N (Give kind of work ong life, even if retired | | ND OF BUSINESS | OR INDUST | FROSTBURG | | | 12. CI | U.S. | | OUNTRY |
| | 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | | LAND | | Uad | H.a. | |
| - | | ARGYLE LA | NCASTER | | | | NELLIE A | IRHART | | | | | |
| | 15 | WAS DECEASED EVER | | | CIAL SECURITY NO | D. 17. INF | ORMANT | | Add | ress | | 7007 | |
| ı | Tras | . no, or unknown) (f | yes, give war ar dates of s | ervice) | | ME | MORIAL HOSP | ITAL - | CUMBERLA | ND. N | MRYL | AND | |
| _ | | 1B. CAUSE OF DEAT | H [Enter only one co | ouse per line | for (o), (b), and (c |)-] , / | | | | | | RVAL BE | |
| | | PART I. DEAT | H WAS CAUSED BY: | Co | gestion | /ofe | withinker | ~ | | | Ŝ | al s | To LAIN |
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| | | gove rise to in cause (o), stating t lying cause last. | | Rh | umentie | Hear | The inservation | :00-t | ization. | ei, | 1 | 24 | er- |
| > | CATION | PART II. OTHI | ER SIGNIFICANT CON | DITIONS CO | NTRIBUTING TO D | EATH BUT N | NOT RELATED TO THE TER | MINAL DISEAS | E CONDITION GIV | EN IN PA | RT 1(a) 1 | | AUTOPSY DRMED? |
| | CERTIFIC | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A | CAUSE OF DEATH | 20b. DESCR | IBE HOW INJURY | OCCURRED | . (Enter noture of injury i | n Port I or Par | t II of item 1B.) | 30 | | | |
| | MEDICAL | 20c. TIME OF INJURY Hour o. m. p. m. | Month, Day, Ye | ar 20d. INJI While of work [| Not while | | CE OF INJURY (Home, fa ory, street, office bldg., e | | or town) | | (County) | | (State |
| | | 21. I certify that (I) (this hospital) attended the deceased from July 1957, to Comit 5, 1960, that (I) (we) lost saw the deceased alive on 1960, and that death occurred at 1960, from the causes and on the date stated above. | | | | | | | | | | | |
| | | 220. SIGNATURE | mare 9 | Dog | nenh | XIII | ATTENDING _ | MED. DIRECTOR [] | STAFF PHYS. | | | | b.DATE SIGNE |
| | | 22c. PHYSICIAN'S NAME (Type) | DR. WYAND | DOERN | VER | | 22d. ADDRESS | | over that with the pain time the stage time that the stage time. | | | | a casa filipi spor ridy vitor vitor |
| | 23a | BURIAL, CREMATION BEMOVAL (Specify) | al a. | 760 | 23c. NAME OF CEN | Bet. | CREMATORY Parls | 23d. LOCA | TION (Citys town, | or county) | | (Sto | te) |
| | 24. | FUNERAL DIRECTOR'S | SIGNATURE | Cum | beilner | 0 | | C'D BY REGIS | TRAR 25b. REGI | | IGNATU A. Fine | | |

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s ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

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VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4079 It CERTIFICATE OF DEATH 04028

| 1 | | | | | | | | | wall aus | 1, 110. | |
|---------------|--|--|---------------|----------------------------|-----------------------|-------------------|-----------------------|------------------------------------|------------------|-------------|---------------|
| | LACE OF DEATH | | | MARYLAND | 2. USU o. S | AL RESIDENCE | | sed lived. If institut b. COUNT | | e before od | |
| b. | CITY OR TOWN (IF | outside corporate limi | ts, write | c. LENGTH OF STAY IN 16 | c. C | | | porote limits, write | | | |
| 1 | RURAL and give nec | orest town) | | | 133. | umberl | | porote tilling, write | NO MARKE ON OR 9 | incures. | , |
| | Jumber Lai | IL (If not in hospital, g | ive street | Lifetime | 1 | TREET ADDRESS | | | | J . 10 | RESIDENCE |
| 1 | OR INSTITUTION | | ive sireer | O O O I Ess j | | | | | | 0 | N A FARM? |
| | 26 Utah | St. | | | 1 2 | 6 Utah | DU. | | | YE | S □ NO [J |
| D | FAME OF PECEASED Type or print) | Harold | st . | Middle D. Lin | n | Lost | 4. DATE OF DEAT | H April Mo | | Day | Year 19 60 |
| S. SE | EX | | 7. MARR | RIED TO NEVER MARRIED | | OF BIRTH | | 9. AGE (In years | IF UNDER | YEAR IF U | NDER 24 HRS. |
| | 7.6 | W | WIDOWE | | | 1. 20, | 1918 | lost birthdoy) | | Doys Ho | urs Min. |
| 10o. | USUAL OCCUPATIO | N (Give kind of work | done 10b. | KIND OF BUSINESS OR INC | | | | / 600 | | ZEN OF W | HAT COUNTRY? |
| | during most of worki | ng lite, even it cetired | | d. State Ro | | | | | | ISA | |
| | ATHER'S NAME | | | | 14. M | OTHER'S MAIDE | | | | | |
| 1 | | Charles | Li | nn | | Geral | dine I | Binnix | | | |
| 15. V | WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. 17. | INFORMA | NT | | Ad | dress | | |
| YYes. | no, or unknown) (i | f yes, give wor or dates of s | 2 | 14-07-3075 | Mrs | . Gera | ldine | Linn, Cu | umber] | land, | Md. |
| 11 | | | use per lin | ne for (o), (b), and (c).] | 6 | | | | | | L BETWEEN |
| | PART I. DEAT | H WAS CAUSED BY: IMMEDIATE CAUSE (o | , (| oronay (| asc | lusion | | | | O NOTE ! | OLAIH |
| | 4-10 | DUE TO | | | | | | | | 11 | |
| | Conditions, if on | y, which) | | | | | | | | | |
| 11 | gove rise to im | mediate (| | | | | | | V | | |
| | lying cause lost. | he under- | | | | | | | | 1000 | |
| Z | | | | CONTRIBUTING TO DEATH B | JT NOT REL | ATED TO THE TE | RMINAL DISEA | ASE CONDITION GI | VEN IN PART | 1(o) 19, W | AS AUTOPSY |
| ATIC | | | | | | | | | | PE | RFORMED? |
| CERTIFICATION | 200. ACCIDENT WAS | UNDERLYING D | 20b. DES | CRIBE HOW INJURY OCCUR | RED. (Enter | nature of injury | in Port 1 or Po | ort II of item 1B.) | | | |
| 1 | (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | | |
| MEDICAL | 20c. TIME OF INJURY | Month, Day, Yea | or 20d. It | NJURY OCCURRED 20e. | PLACE OF I | NJURY (Home, f | form, 20f. (C | ity or town) | (C | ounty) | (State) |
| VEDI | Hour o.m. | 19 | While of work | TAOL WHILE | octory, stre | et, office bldg., | elc.) | | | | |
| | | 4 1 -44 | | 2/, / | | 1060 | 41/18 | 20/01 | | | |
| | | at I attended the | - / | | / | 19, 10 | -4 | 1903 | ∠_,thof I i | ost sow i | the deceosed |
| | alive on | 7712 | 194 | and that dea | h occurr | ed of | | | | e date s | |
| | ACTUAL | Y W | Del | 2 000 | | 1 | ADDRESS | (Street, city or town | , stote) | | DATE SIGNED |
| | SIGNATURE | 1200 | - He | y X' | _ M.D | | 101 | · Carr | 206. | | 120/00 |
| | PHYSICIAN'S D | r. Leo H | . Le | y, Jr. | | Q. | unks | loud ? | ref. | / | |
| | BURIAL, CREMATION REMOVAL (Specify) | , 226. DATE THEREO | F | 22c. NAME OF CEMETERY | OR CREMA | TORY | 22d. LOC | ATION (City, town, | or county) | | (Stote) |
| | Burial | Apr. 2 | 0,19 | 60 Sunset | Memo | rial P | ark | Cumberla | and. | Md. | IN FILE |
| | UNERAL DIRECTOR'S | | | ADDRESS | 30.4 | | EC'D BY REGI | | ISTRAR'S SIG | NATURE | |
| J | Tames F. | Scarpell | i, 0 | Cumberland, | Md. | DATE | PR 21 '6 | 0 0 | Lug 8 H | | |
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after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4080 CERTIFICATE OF DEATH

04029

| 1. PLACE OF DEATH | 7 00 111 | 7 1 | | USUAL RESIDENC | E (Where deceased | | an: Residence t | efare admi: | ssian) |
|--|-----------------------|---------------------------|--------------|------------------------|---------------------------------------|--------------------------|-----------------|-------------|--------------------|
| a. COUNTY ALLEGANY | | MARY | CLAND | a. STATE MARY | 'LAND | b. COUNTY | ALLEG | ANY | |
| b. CITY OR TOWN (If autside car RURAL and give neorest tawn) | parate limits, write | c. LENGTH OF STAY | IN 1b | c. CITY OR TOWN | V (If autside carpo | rote limits, write R | URAL and give | nearest taw | n) |
| CUMBERLAND | MD | 46 DAYS | 0 | 2 CUMBER | LAND, MD | | | | |
| d. NAME OF HOSPINA (A POT P | Proping Pixel street | | 1 | d. STREET ADDRE | | | | e. IS RE | SIDENCE |
| MEMORIAL & | WARWICK | AVE. | 1 | 315 OLDT | OWN ROAD | | | | A FARM? |
| 3. NAME OF DECEASED | First | Middle | | Last | 4. DATE | Man | | Day | Year |
| (Type ar print) | BEATRICE | MAR' | Y | LITTLE | DEATH | APRI | L 3 | 30 | 1960 |
| 5. SEX 6. COLOR | OR RACE 7. MAR | RIED NEVER MARRI | ED 8. D | ATE OF BIRTH | | 9. AGE (In years | IF UNDER 1 YI | _ | - |
| FEMALE WHI | TE WIDOW | ED DIVORCE | D D | APRIL 16, | , 1882 | lost birthday) 70yrs. | Months Do | ys Haurs | Min. |
| 10a. USUAL OCCUPATION (Give kin | d of wark dane 10b | KIND OF BUSINESS C | OR INDUSTRY | 11. BIRTHPLACE | (State or foreign co | ountry) | 12. CITIZEN | OF WHAT | COUNTRY |
| during most of working life, eve Sales Lady | | ewelry St | ore | CUMBER | LAND, MD | | U.S. | Α. | |
| 13. FATHER'S NAME | | 0.1022 | | . MOTHER'S MAIL | | • | | | C 10 |
| JAMES STO | RER | | | MARY A | NN CLARK | | | | |
| 15. WAS DECEASED EVER IN U. S. A | | SOCIAL SECURITY NO |). 17. INFOR | MANT | | Add | ress | | 1 |
| (Yes, no, or unknown) (If yes, give was | or dates of service) | 16-22-669 | 8 MEM | DRIAL HOS | SPITAL, C | UMBERLAN | D, MARY | 'LAND | |
| 18. CAUSE OF DEATH [Enter of | nly ane cause per l | ine for (o), (b), and (c) | .] | | | | | INTERVAL B | |
| PART 1. DEATH WAS CA | USED BY: CAUSE (a) | 0.406 | lack 1 | Lemond | ini v | | | 46 | DEATH |
| 321X | DUE TO | | 0 | | , | | | 7 | |
| Canditians, if any, which) | | 0. | 0 | 0 0 | 0. | . ham. In | | 4-0 | 750 |
| gave rise ta immediate | (b) | 9,34 | many. | un un | uru zeren | 0 27 | | 1 - 5 | |
| lying cause last. | 00010 | | | | | | 134 | | |
| | (c) | CONTRIBUTING TO DE | ATH BUT NO | PELATED TO THE | TERMINIAL DISEAS | E CONDITION GIV | FN IN PART 1/ | 0) 19 WAS | AHTOPSY |
| PART II. OTHER SIGNIFIC | ATT COTOTIONS | CONTRIDOTINO TO DE | ATTI DOT NO | KEDATED TO THE | TERMITAL DISEAS | condition on | EN INTERNATION | PERF | ORMED? |
| T CO- ACCIDENT WAS UNDERLY | NO II Jak DE | SCRIBE HOW INJURY O | CCURRED /F | | and a Part Law Part | II of item IP \ | 100 | YES L | NO |
| 20a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (OF EITHER, NOTIFY MEDICAL EX | OF DEATH AMINER) | SCRIBE HOW INJURY C | CCURRED. (E | nter noture of inju | ry in Port I ar Fai | i of item 16.) | | | |
| 3 20c. TIME OF INJURY Manth, | Doy, Year 20d. | INJURY OCCURRED | | OF INJURY (Hame | | ar tawn) | (Cau | nty) | (State |
| 20c. TIME OF INJURY Manth, Hour o. m. | 19 While | Nat while | foctory | , street, office bldg | j., etc.) | | | | |
| | | | | - 4 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2. | | | |
| 21. I certify that (I) (this | | | | | | | | | |
| saw the deceased alive | on 4> >0 | 19_ <u>Cee</u> and | that deat | h accurred at | 1:201/Frdh. | the causes an | d an the d | | |
| 22a. SIGNATURE | | l l | | ATTENDING | MED. | STAFF | | 22 | 2b. DATE SIGNEI |
| | than P | Jeme | M.D. | PHYS. | DIRECTOR - | PHYS. | | 25 | 3.60 |
| 22c. PHYSICIAN'S NAME (Type) DR • 1A | MES | | | 22d. ADDRESS 441 NO | ORTH CENT | RE, CUMB | ERLAND, | MD. | |
| 23a. BURIAL, CREMATION, 23b. DA | TE THEREOF | 23c. NAME OF CEM | ETERY OR CR | EMATORY | 23d. LOCA | TION (City, tawn, | or caunty) | (Sto | ate) |
| REMOVAL (Specify) Rurial May | 3,1960 | Rose Hi | 111 Ce | emeterv | Cur | berland | . Md. | | |
| 24. FUNERAL DIRECTOR'S SIGNATUR | | ADDRESS | | | REC'D BY REGIST | | STRAR'S SIGNA | ATURE | 7 |
| James F. Scar | rpelli, | Cumberland | d, Md. | DAT | EMAY A '6 | 0 - | ·Lun 8 H | and a | |

may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 1.001 CEPTIFICATE OF DEATH

1:1020

| | 400 | CERTIFICA | TIE OF DEATH | | 02000 |
|------------|---|--|---|--|---|
| | PLACE OF DEATH COUNTY ALLEGANY | MARYLAND | 2. USUAL RESIDENCE (WO. STATE MARYLAND | here deceased lived. If institutions b. COUNTY | Residence before admission) |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBER LAND | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate limits, write RUR | |
| | d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPITAL | 2 DAYS | d. STREET ADDRESS | DD INGS OF STORES | STREET e. IS RESIDENCE ON A FARM? YES NO X |
| 3. | NAME OF First DECEASED (Type or print) THOMA | Middle W. | LLOYD | 4. DATE Month | Day Year |
| S. | 1 | RIED NEVER MARRIED | B. DATE OF BIRTH | AFRI | L 2 19 60 FUNDER 1 YEAR IF UNDER 24 HRS |
| | MALE WHITE WIDOW | | MADON O TO | | Months Days Hours Min. |
| 100 | USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) | | | or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| | SELF EMPLOYED BO | wling Alley | | MARYLAND | U.S.A. |
| 13. | THOMAS W. LLOYD | | 14. MOTHER'S MAIDEN I | | |
| 10 | | SOCIAL SECURITY NO. 17, 1 | KR EL | IZABETH KRAUSS | • |
| | s, no, or unknown) (If yes, give wor or dotes of service) | | EMORIAL HOSPI | | |
| NO | 18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Circ Solutions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (c) | rhosis, hyp | | | INTERVAL BETWEEN ONSET AND DEATH 5 YEARS VIN PART 1(0) 19. WAS AUTOPSY |
| TIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DES | CRIBE HOW INJURY OCCURRI | ED. (Enter noture of injury in | Port I or Port II of item 18.) | PERFORMED? YES NO |
| CERTI | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| MEDICAL | 20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 While ot wor | Not while fo | PLACE OF INJURY (Home, farroctory, street, office bldg., etc. | | (County) (State |
| | 21. I certify that (I) (this haspital) attends sow the deceased alive on 11-1-6 | ded the deceosed from O19, and that | 3-15-58 219 deoth accurred of 2: | 50, from the couses and | on the dote stated above |
| | 220. SIGNATURE Land G. Back | | M.D. ATTENDING AM | | -2-60 22b. DATE SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) DR • RALPH BA | ILLIN | 62 Green | e St. Cumberl | and, Md. |
| 230 | Burial, Cremation, 23b. Date Thereof 4-4-60 | Zion Evang | or crematory gicial Refor | 23d. LOCATION (City, town, or m Cem. Frost) | county) (Stote) |
| 24. | funeral director's signature James F. Scarpelli C | imberland, Mo | 250. REC | .0.0 | RAR'S SIGNATURE |

DATE

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hards after death. Page 4 may be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4113 CERTIFICATE OF DEATH

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s after death. Page 4

may be rescined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI

VR A15 (4) 15M 9/59

| 1. PLACE OF DEATH a. COUNTY ALLegal | ny | | MARYLANI | g STATE - | NCE (Where decease | d lived. If institution b. COUNTY | an: Residence be | fare admissi | ian) | | | |
|--|---|-----------|---|---|---|-----------------------------------|------------------------|--------------|--------|--|--|--|
| RURAL and give n | If autside carporate limi earest town) sthurg | ts, write | c. LENGTH OF STAY IN 11 | 11 | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Midland | | | | | | | |
| OR INSTITUTION | TAL (If not in hospital, g | | | d. STREET ADD | RESS | | | | FARM? | | | |
| 3. NAME OF DECEASED (Type or print) | ALFRED | st | Middle | Lost | 4. DATE OF DEATH | 4/5/1 | .960 | -, | Year | | | |
| 5. SEX | 6. COLOR OR RACE | | NEVER MARRIED | | 1896 | 9. AGE (In years last birthday) | IF UNDER 1 YEA | R IF UNDE | | | | |
| Male 10a. USUAL OCCUPATION durage control de la control de | White ON (Give kind of work king life, egnifeer | work | KIND OF BUSINESS OR IN | DUSTRY 11, BIRTHPLAC | | country) | 12. CITIZEN O | | OUNTRY | | | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MA | AIDEN NAME | | | • | | | | |
| | rison Ler | | | | ey Simor | | | | | | | |
| 15. WAS DECEASED EVE (Yes, no. or unknown) | R IN U. S. ARMED FOR (If yes, give wor or dates of s | ervice) | | , INFORMANT | | Add | | | | | | |
| | | 21 | 4-01-6666 | Mrs. Cat | herine 1 | Loraw, | Midlan | d, M | D. | | | |
| Canditions, if a gave rise to i cause (a), stating lying cause last. | the <u>under-</u> | , ai | tenoscle | rentricu | land | ulure | | 24°C | 2011 | | | |
| Severe 200. ACCIDENT W | AS UNDERLYING CON CAUSE OF DEATH | toid | CRIBE HOW INJURY OCCU | | Gastre | ¿ Ulco | VEN IN PART 1(a) | PERFO | NO NO | | | |
| UIF EITHER, NOTIFY 20c. TIME OF INJUI Haur a. m. p. m. | MEDICAL EXAMINER) | While | AJURY OCCURRED 20e. Nat while at wark | PLACE OF INJURY (Har factory, street, affice b | me, farm, 20f. (Cit | y ar tawn) | (Cauni | γ) | (State | | | |
| saw the decea | at (I) (this haspita sed alive an | e // - | ed the deceased fram 5_1966, and tha | | | | 19.6.9 nd an the da | te stated | abave | | | |
| 22a. SIGNATUR | mile | A | On | M.D. ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | | 4.7. | SIGNED | | | |
| L R i | MILES | 113 | M.D. | | ACONII | VG | | MO. | | | | |
| 23a. BURIAL, CREMATIC REMOVAL (Specify) | 1 | 060 | St. Micha | or CREMATORY els Cemet | | ostburg | | (Stat | e) | | | |
| 24. FUNERAL DIRECTOR GEORGE | E ICHHORN | LO | NACON ING, | | Sa. REC'D BY REGIS | | STRAR'S SIGNAT | | | | | |

TENDA Talaid Boar Shifting Service SETIA. rashios francis-aberitasi

CERTIFICATE OF DEATH 4114

04032 Reg. Dist. No.

| - 1 | | | | | | | | |
|-----|--|---|---------------------------------------|---|---|---------------------------------|---------------------------|---------------------------------------|
| | a. COUNTY | | MARYLAND | 2. USUAL RESIDENCE (W | | ed. If institution b. COUNTY | | |
| + | b. CITY OR TOWN | Legany (If autside carporate limits, write | | c. CITY OR TOWN (IF | | · limits, write RU | Allegan RAL and give near | |
| | RURAL and give n | nearest tawn) | | X 73. 12 | (D | 2 247 | | ~ . |
| 1 | d. NAME OF HOSPI OR INSTITUTION | ITAL (If nat in hospital, give stree | 1 6 days | d. STREET ADDRESS | urg (Ku | ral Wr | ight's | UPOSSÍN IS RESIDENCE ON A FARM? |
| | Miners | | | Rt.#1 | Box 16 | | | YES NO |
| | 3. NAME OF DECEASED | First | Middle | Last | 4. DATE OF DEATH | Manth | Day | |
| - | (Type ar print) | Christina | | Donald | 1 1 1 1 1 1 | 4 | S LINES I VEAR | 1960 |
| | 5. SEX | 6. COLOR OR RACE 7. MA | RRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH 6-11-1884 | 9. | | Manths Days | Hours Min. |
| ı | 10a. USUAL OCCUPATI | ION (Give kind of work dane 10) | . KIND OF BUSINESS OR IND | USTRY 11. BIRTHPLACE (Stat | te ar foreign caun | try) | 12. CITIZEN OF | WHAT COUNTRY? |
| 1 | House wo | rking life, even if retired) | Own home | Shaft, | Md. | | U.S. | A. |
| ı | 13. FATHER'S NAME | 7 das de de | | 14. MOTHER'S MAIDEN | | | | |
| | Samuel. | Schell | | Rebecca | We vme | r | | |
| 1 | 15. WAS DECEASED EV | ER IN U. S. ARMED FORCES? 1 | S. SOCIAL SECURITY NO. | INFORMANT | | | "Frosth | urg, Md. |
| | Yes, no, or unknown) | (If yes, give wor or dates of service) None | None N | Irs. Paul W | hitefie | | No. 1 | 01 8 J 1 1 0 1 |
| | 18. CAUSE OF DE | ATH [Enter anly one cause per | line far (a), (b), and (c).] | | | | | RVAL BETWEEN ET AND DEATH |
| 1 | PART I. DE. | ATH WAS CAUSED 8Y: | In | inscardino | Exhaus | a Time | # · | 4 lane |
| | E01 | DUE TO | Ga | Tayerri | - AMARIA | July L | 4 | Rhis |
| 1 | Canditians, if | ^ | Jeneralized | + | | | | 415-1 |
| 1 | gave rise ta | immediate (b) | Hepalie | rauma | Ch | Parla | 1 | 130 |
| 1 | cause (a), stating lying cause last | | Obstruct | ma A.D. | tru ch | fellog | rus 1 | 501. |
| | | : (c) (c) (THER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BL | T NOT RELATED TO THE TER | MINAL DISEASE C | ONDITION GIVE | N IN PART 1(a) 15 | . WAS AUTOPSY |
| 7 | PART II. OT | | | | | | | PERFORMED? |
| | (IF EITHER, NOTIF | YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURR | ED. (Enter nature af injury i | n Part I ar Part II | af item 18.) | | |
| | 20c. TIME OF INJU Haur a. m. p. m. | | | PLACE OF INJURY (Hame, far actory, street, affice bldg., e | | tawn) | (Caunty) | (State) |
| | Haur a.m. | | e Nat while ark at wark | acialy, street, affice blag., e | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | 21. I certify t | hat I attended the deced | sed from 3/2 | , 160, to | 4/3 | 1960 | hat I last saw | the deceased |
| | alive an | 4/3 .19 | / | h accurred at 1/55 | _M, fram the | | | |
| | | | | | | t, city ar tawn, s | | DATE SIGNED |
| | ACTUAL SIGNATURE | Trank 1.4 | arrat | M.D. 26 W. | med | ramic | Ct | |
| | PHYSICIAN'S NAME (Type) | FRANK T. + | HARBAT | 2 | on the | no m | 1. | 4/5/6 |
| - | 22a. BURIAL, CREMATIO | ON, 22b. DATE THEREOF | 22c. NAME OF CEMETERY | OR CREMATORY | 22d. LOCATIO | N (City, tawn, a | caunty) | (State) |
| | REMOVAL (Specify | | | Memorial Pa | 1 | | | Md. |
| 1 | 23. FUNERAL DIRECTO | R'S SIGNATURE Hafer | Fundoness Home | | C'D BY REGISTRA | | TRAR'S SIGNATUR | RE |
| | Bouls H. | 1 | Main. Frost | | | | or S. Kines | |

s ofter death. Page 4 TO HOSPITED RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 to the baspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

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| | will almost the property | | |
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14033

| | | | ANS: | CERTIFIC | CATE | OF DEATH | H | | | | - |
|----------------|--|--|----------------|--|----------|---|--|--|------------|---------------------------|--------------------------------|
| 1 | PLACE OF DEATH | egany | 2-0-0-1 | MARYLAN | | usual residence (vo. STATE Maryla | | b. COUNTY | | before odmis | sion) |
| | b. CITY OR TOWN (If a RURAL and give near Cumberland | utside carporate lim | ts, write | c. LENGTH OF STAY IN 27 days | 1ь | c. CITY OR TOWN (I | f autside carpo | rate limits, write RU | | | n) |
| 2 | d. NAME OF HOSPITAL OR INSTITUTION Sacred He | | | address) | | d. STREET ADDRESS 551 N Mech | anic S | t. | | ON | SIDENCE A FARM? |
| 3 | NAME OF DECEASED (Type ar print) | Fi Th | eresa | Estell | | Miller | 4. DATE OF DEATH | Mont | th. | Day 11 | Year 19 60 |
| 5 | F male | . color or race White | 7. MARE | NEVER MARRIED [| | eb. 18, | 1866 | 9. AGE (In years last birthday) 94. yrs. | | YEAR IF UND Days Hours | T . |
| 1 | Oa. USUAL OCCUPATION during most of working Housewife | (Give kind af wark g life, even if retired ! | dane 10b. 0 | KIND OF BUSINESS OR IN | NDUSTRY | Eckhart | | | 12. CITIZ | S. A | |
| 1: | 3. FATHER'S NAME Dennis | O'Hara | | | 14 | Janet N | | | | | |
| 7 | NO (If | N U. S. ARMED FOR | | | rs. | Loretta | Casse | n 551 N | ess Cum | berla hanic | nd, M |
| | Canditions, if any gave rise to improve to improve the lying cause last. | nediate (| My Ge | emiz Poisoni ocardial Fai meralized Vi | lure | | | | | 10 de | ays |
| TACITA DISTRES | PART II. OTHER | anced age | | CRIBE HOW INJURY OCC | | | | -960-97 | EN IN PART | PERF | AUTOPSY ORMED? |
| | OR CONTRIBUTING I | CAUSE OF DEATH | ar 20d. II | None | e. PLACE | OF INJURY (Hame, fo., street, affice bldg., | arm, 20f. (Cit | | (Cc | aunty) | (Stote) |
| / | sow the decease | / / 8 | oril | ded the deceased from 11 1960, and the line on M | amM | ATTENDING PHYS. | 1260 to 120M, fram | April 11 *the causes an STAFF PHYS. | d an the | | d abave. 2b. DATE SIGNED |
| | | .P. Halli | | | | 22d. ADDRESS 140 Bedfo | | | | d, Mary | land |
| 2 | 3g. BURIAL, CREMATION, | 23b. DATE THERE | | SS. Peter | | 1 | The second secon | erland, | | yland | ite) |
| 2 | H. Wayne | | Cumb | erland, Mo | d. | | | TRAR 25b. REGIS | | | |

TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the safter death. Page 4 may be larged by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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| | 41. | 19 | CERTI | FICA | IE OF DEAT | | | Reg. D | ist. No | | |
|---|--|-------------------|---------------------------------|--------------------|--|--------------------|--|-------------------------|----------|-----------|--------------------|
| 1. PLACE OF DEATH o. COUNTY Alle | gany | | MARY | | 2. USUAL RESIDENCE (W o. STATE | | ed lived. If instituti b. COUNTY | | nce befo | ore odmis | sion) |
| | (If outside corporate lim | its, write | c. LENGTH OF STAY | IN 1b | c. CITY OR TOWN (IF | | orate limits, write R | URAL and | give ne | arest Yow | n) |
| Frosth d. NAME OF HOSP OR INSTITUTION Miners Ho | TAL (If not in hospital, s | give street a | 6 days | | Grahamto | | Street | | | ON A | SIDENCE A FARM? |
| 3. NAME OF | Fi | rst | Middle | | Last | 4. DATE OF | Mor | oth | Do | | Year |
| (Type ar print) | MARTHA | | VERONIC | A MO | ONSEN | OF DEATH | | | 26 | , | 1960 |
| S. SEX | 6. COLOR OR RACE | 7. MARRI | EDE NEVER MARRIE | ED B. | DATE OF BIRTH | | 9. AGE (In years last birthday) | IF UNDE | | IF UND | ER 24 HR |
| F | W | WIDOWE | D DIVORCE | | 4-4-1888 | | 72 yrs. | Manths | Days | Hours | Min. |
| 10a. USUAL OCCUPATE during most of wa Housewiff | rking life, even it refired | done 10b. I | | R INDUSTR | Western | | | 12.CI | TIZEN O | U.S | COUNTRY |
| 13. FATHER'S NAME | | 10 111 | 2202.20 | | 14. MOTHER'S MAIDEN | | 100 | | | Uab | a dia |
| Patrick | Griffin | | | | Margaret | McG1 | iire | | | | |
| | ER IN U. S. ARMED FOR (If yes, give wor or doles of s None | RCES? 16. S | None | Mr. | ORMANT | | Add | ress rahar ns tro | ntov | m M | ld. |
| Conditions, if a gave rise to cause (a), stating lying couse lost | the <u>under-</u> DUE TO | a Ce | Leur | | defall | the sis | cont | 7 | / | WY | frs f |
| CATIO | | | | | OT RELATED TO THE TERM | | | VEN IN PA | RT 1(a) | | DRMEDZ |
| OR CONTRIBUTION | AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY OF | CCURRED. | (Enter nature of injury in | Port I or Po | rt II of item 18.) | | | | , |
| 20c. TIME OF INJU Hour o. m. p. m. | RY Month, Doy, Ye | While | JURY OCCURRED Not while at work | 20e. PLAC focto | E OF INJURY (Home, fari ry, street, office bldg., et | m, 20f. (Cit | y or town) | | (County) | | (Stat |
| 21. I certify to alive an | hat I attended the | decease , 19_6 | | | , 19 <i>60</i> , ta_ <i>0</i> accurred at 4/30 | M, fram ADDRESS (S | 26_, 1966 the causes are irreet, city on fown, | d an th | | stated | |
| PHYSICIAN'S NAME (Type) | WON | 1CL | ane | m | 140 | 7 | nd/ | | / | 196 | 0 |
| PEMOVAL (Specify Burial | | | St. Mich | | CREMATORY Come to py | _ | TION City, town, | or county) | | (Stot | te) |
| 23. FUNERAL DIRECTO | | er F | 4 DODGCCC | ome | 24a. REC | D BY REGIS | | STRAR'S S | IGNATU | RE THE | • |
| Teulah H. W | rutesut 23 | - | CONTROL MANAGEMENT AND | | rg Md DATEAN | Y 2 '6 | O CA | LNA S. | Krow | 4 | |

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
4083 CERTIFICATE OF DEATH

4083

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| PLACE OF DEATH | | | MARYLAND | o. STATE | | ere deceased I | ived. If instituti b. COUNTY | on: Residence be | fore admission) |
| RURAL and give ned | prest town) | s, write | c. LENGTH OF STAY IN 16 | V | | utside corporo | le limits, write R | URAL ond give n | nearest town) |
| | | | | 1 | | | | | |
| OR INSTITUTION | MEMORIAL HO | SPIT | AL | d. STREET A | DDRESS | | | | e. IS RESIDENCE ON A FARM? YES NO |
| NAME OF | | | Middle | Las | 1 | 4. DATE | Mon | ith [| Day Year |
| (Type or print) | SAMU | JEL | Boyd | MOC | N | OF DEATH | APRIL | | 8 1960 |
| SEX | 6. COLOR OR RACE | 7. MARR | | B. DATE OF BIRT | Н | 9. | AGE (In years | | AR IF UNDER 24 HRS. |
| MALE | WHITE | WIDOWE | D DIVORCED | SEPTEME | BER 5 | ,1888 | 71 yrs. | 7 13 | Hours Min. |
| etired B1 | ng life, even if retired) | 0 | | STRY 11. BIRTHPL | ACE (State of | 200 | | 11.0 | •A • |
| | | | | | | | | | |
| J, | ACOB MOON | | | X | NEX | ANNA D | INNIT | 1.30 | |
| . WAS DECEASED EVER | IN U. S. ARMED FORG | CES? 16. S | SOCIAL SECURITY NO. 17. 19 | IFORMANT | | | Add | ress | |
| No | No | | 6-01-4860 M | EMORIAL | HOSP1 | TAL, CI | JMBERLAN | ND. MD. | |
| PART I. DEAT 450. Conditions, if on | H WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO y, which) (b) | 11: | Wrighell average | - OF | | hahe | etex | | ITERVAL BETWEEN NSET AND DEATH |
| | | | P | | | 9 | | | |
| PART II. OTHI | ER SIGNIFICANT CON | DITIONS C | ONTRIBUTING TO DEATH BUT | NOT RELATED TO | THE TERMIN | NAL DISEASE | CONDITION GIV | VEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? YES NO 2 |
| 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A | ☐ CAUSE OF DEATH | 20b. DESC | CRIBE HOW INJURY OCCURRE | D. (Enter noture o | finjury in P | Port I or Port I | l of item 1B.) | | |
| 20c. TIME OF INJURY Hour o. m. p. m. | Month, Doy, Yeo | While | Not while fo | | | | where | (Count | y) (Stote) |
| | 44 | attend 17/ | 1 | 1 1 2 - | 19 5:55 | JA, AMm 11 | e couses or | 20 | that (i) (we) last te stated above. |
| 220. SIGNATURE | While | ha | | ATTENDIN PHYS. | G ME | | STAFF PHYS. | | 276. DATE SIGNED |
| NIABAR IT. IN-1 | DR. R. J. W | ITLLI | AMS. | 22d ADDR | ess Cur | her | long | 171 | 1/1/ |
| Ba. BURIAL, CREMATION REMOVAL (Specify) | N, 23b. DATE THEREO | F | 23c. NAME OF CEMETERY C | R CREMATORY | | 23d. LOCATIO | ON (City, town, | or county) | (Stote) |
| Burial | 14-20-60 SIGNATURE | 20 | White Chur | ch Come | 250. REC'E | Lock BY REGISTRA | Lynn AR 25b, REGI | Md (Ga | rure tt) |
| Tharmas ! | Smeeth | pr. | Keyser W. | Va. | DATE A | PR 21 '8 | 60 0 | Irthun S. F. | Trains |
| | b. CITY OR TOWN (IF RURAL OND give nec CUMBERLAND IN CUMBERLAND IN COMMENTATION OR INSTITUTION O | D. CITY OR TOWN (If outside corporate limit RURAL and give neorest town) CUMBERLAND d. NAME OF HOSPITAL (If not in hospitol, gior institution MEMORIAL HOWARD AL HOW | D. CILTY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CUMBERLAND d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION MEMORIAL HOSPITAL HOSPITAL AVENUE First NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE WHITE O. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cottred Blacksmith Co. FATHER'S NAME JACOB MOON WAS DECEASED EVER IN U. S. ARMED FORCES? (If yos, give wor or dolest of service) NO 18. CAUSE OF DEATH [Enter only one couse per limed to the print of | D. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown) C. LENGTH OF STAY IN 16 31 DAYS d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION MEMORIAL AVENUES NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVO | D. CITY OR TOWN (If outside corporate limits, write RRAA and give an energy town) D. CITY OR TOWN (If outside corporate limits, write RRAA and give series town) CUMBER LAND D. CITY OR TOWN (If outside corporate limits, write RRAA and give series town) CUMBER LAND D. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR CUMBER LAND D. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR CRESAF (IN CO. CITY OR CO. CITY OR CO. CITY OR CO. CITY OR CIT | D. CITY OR TOWN (If outside corporate limits, write RURAL and give necessate frown) D. CITY OR TOWN (If outside corporate limits, write RURAL and give necessate frown) CUMBER LAND d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS d. COLOR OR RACE [7. MARRIED] NEVER MARRIED] SEX 6. COLOR OR RACE [7. MARRIED] NEVER MARRIED] SEY MALE WHITE WIDOWED DIVORCED [2] SEPTEMBER 5 O. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LA MOON WAS DECEASED EVER IN U. S. ARMED FORCES? I. MOON WAS DECEASED EVER IN U. S. ARMED FORCES? II. SOCIAL SECURITY NO. II. MOTHER'S MAIDEN N XEMBER AND JACOB MOON WAS DECEASED EVER IN U. S. ARMED FORCES? III. SOCIAL SECURITY NO. III. MOTHER'S MAIDEN N XEMBER AND III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING NOT WORK NOT WITH NOT WORK NO | D. CITY OR TOWN (If outside corporate limits, write RURAL and Give necress town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give necress town) C. CITY OR TOWN (If outside corporate RURAL and give necress town) C. CITY OR TOWN (If outside corporate RURAL and give necress town) C. CITY OR TOWN (If outside corporate RURAL and give necress town) C. CITY OR TOWN (If outside corporate RURAL and give necress town) CRESAPTOWN A. STREET ADDRESS ANALOS SAMUEL BOYD SEY MOON SEY MALE O. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Sole or foreign cound during most of working life, even if retired) CO. JATE OF BIRTH CO. JATE OF BIRTH SAMUER SOR INDUSTRY 11. BIRTHFLACE (Sole or foreign cound during most of working life, even if retired) CO. JATE OF BIRTH CO. JATE OF BIRTH SAMUER SOR INDUSTRY 11. BIRTHFLACE (Sole or foreign cound during most of working life, even if retired) CO. JACOB MOON WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 117. INFORMANT NO II. MOTHER'S NAME JACOB MOON WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 117. INFORMANT NO DUE TO CONDITIONAL CAUSE GIVE AND AND DECEASED EVER IN WAS CAUSED BY: IMPEDIATE CAUSE (GIVE AND AND DECEASED EVER IN WAS CAUSED BY: IMPEDIATE CAUSE (GIVE AND AND DECEASED EVER IN WAS UNDERLYING IDEA TO THE TERMINAL DISEASE (C) TO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 206. ACCIDENT WAS UNDERLYING IDEA TO THE TERMINAL DISEASE (C) TO CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTEY MEDICAL EXAMINER) 207. TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (C) TO CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTEY MEDICAL EXAMINER) 207. TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (C) 208. ACCIDENT WAS UNDERLYING IDEA TO THE TERMINAL DISEASE (C) 209. ACCIDENT WA | D. CIVID OR TOWN (If outside corporate limits, write RURAL and give incerest forw) D. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) CUMBERLAND C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) CUMBERLAND C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) COMBERLAND C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) COMBERLAND C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest forw) C. CIVI OR TOWN (If outside corporate limits, write RURAL and give incerest for gi | D. CITY OR TOWN If outside corporate limith, write RURAL and give record to the record of the record |

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH o. COUNTY ALLE | GANY | | MARYI | AND | 2. USUAL RESID O. STATE MARYI | | ere deceased | b. COUNTY | | e befor | | ion) |
|---|---|-----------------------------|-------------------------------|--------|-------------------------------------|-------------|----------------|---|-----------------|-----------|-----------|------------------------|
| b. CITY OR TOWN (I RURAL and give no | If outside corporate limits, | write | c. LENGTH OF STAY | N 16 | c. CITY OR To | OWN (If o | utside corpor | ote limits, write | RURAL ond g | give nea | rest town | 1) |
| | ERLAND | | 13 HRS. | | O2 CUMBE | RLAN | D | | | | | |
| d. NAME OF HOSPIT OR INSTITUTION | MEMORIAL HO | | | | d. STREET AL | ODRESS | CENTR | E STREE | г | • | | FARM? |
| 3. NAME OF | First | The state of | Middle | | Lost | | 4. DATE | Mo | | Day | | Year |
| (Type or print) | Ę | LEAN | | | MORLI | Y | OF DEATH | API | RIL | 2 | | 19 60 |
| FEMALE | | 7: MARRI VIDOWEI | ED NEVER MARRIE DIVORCED | | JANUAR | , , | 1880 | 9. AGE (In years lost birthdoy) yrs | Months | Doys | Hours | Min. |
| during most of work | ON (Give kind of work do king life, even if retired) keeper | 10b. k | At Home | RINDUS | TRY 11. BIRTHPLA | CE (State | | | | U.S. | | OUNTRY? |
| 13. FATHER'S NAME | ENDY HODN | | | | 14. MOTHER'S | MAIDEN N | IAME | | | | | |
| | ENRY HORN | EC2 14 C | OCIAL SECURITY NO | 17 IN | FRAI | ICES I | RIDENO | | dress | | | |
| (Yes, no, or unknown) | (If yes, give war or dates of sen | rice) | -/ | 170 | MEMORIAL | HOSP | ITAL, | | RLAND | , ME |). | |
| Conditions, if o gove rise to i couse (o), stoting lying couse lost. | mmediate Dus TO | | Lyperter | Con | ne C. | ue and | Far | Vascu | la | | ET AND | |
| PART II. OTH | HER SIGNIFICANT COND | ITIONS <u>C</u> | ONTRIBUTING TO DEA | TH BUT | NOT RELATED TO | THE TERMI | NAL DISEASE | CONDITION G | VEN IN PAR | T 1(o) 15 | PERFO | AUTOPSY DRMED? |
| 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER) | 0b. DESC | RIBE HOW INJURY OF | CURRED | . (Enter noture of | injury in F | Port I or Port | II of item 1B.) | | | | |
| 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Doy, Year 19 | 20d. IN While of work | _ Not while _ | | CE OF INJURY (Hory, street, office | | | or town) | (0 | County) | | (Stote) |
| 21. I certify the | at (I) (this haspital) sed-alive an | attende 20 | ed the deceased | | 4/20 eath accurred | | (A), ta_ | 4/5-1 the causes a | 19 nd on the | | , , , | (we) last d, abave. |
| 220. SIGNATURE | 2 At Le | 200 | ~ | ٨ | ATTENDING | DII DII | D. RECTOR | STAFF PHYS. | | _ | +/21 | b. DATE SIGNED |
| 22c. PHYSICIAN'S NAME (Type) | LEO H. | LEY | | | 22d. ADDRE | ss mb | ele | el, | mari | 29 | eni | 2 |
| 23a. BURIAL, CREMATIC REMOVAL (Specify) Burial | | | 23c. NAME OF CEME Rosehill | | soleum | | | TION (City, town, | | rvl | (Stot | le) |
| 24. FUNERAL DIRECTOR | 1 2 2 1 | | ADDRESS | Hau | | 25a. REC'I | D BY REGIST | | ISTRAR'S SIC | - | 107.04 | |
| Ruth E. S | Silcox Cum | berl | and Marv | land | | DATE | n 26 16 | 0 0 | itua 8 | trans | A | |

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person that was in what to him and the same of the sam

22 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| 41 | 24 CERTIFICA | IE OF DEATH | | |
|--|---|--|--|--|
| 1. PLACE OF DEATH o. COUNTY ALLEGANY | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE MARY) | ere deceosed lived. If institution: Reside \mathbf{L}_{AND} b. COUNTY \mathbf{AL} | IEGANY |
| b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest tawn) ECKHART | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF or ECKH. | utside corporote limits, write RURAL and ART | give nearest tawn) |
| d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION | treet address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) WAYNE | WILLIAM E. | MYERS | 4. DATE Month OF DEATH APRIL | 16, Year 1960 |
| MALE WHITE win | | June 13, 19 | 00 last birthday) Months | R 1 YEAR IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) | BALLISTIC PLA | NT MARY | LAND | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | AME | |
| JOHN D. MYERS | | CATHERI | NE GOODMAN | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service) | | MRS. ORA S | . MYERS, ECKHAR | T, MD. |
| PART I. DEATH (Enter only one cause property of the cause of the cause (a) ACC DUE TO DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. | ute left ventric | is, coronary a | arteriosclerosis, | INTERVAL BETWEEN ONSET AND DEATH Sudden ? |
| PART II. OTHER SIGNIFICANT CONDITION | ONS <u>CONTRIBUTING TO DEATH</u> BUT DESCRIBE HOW INJURY OCCURRE | | | RT 1(a) 19. WAS AUTOPS' PERFORMED? YES NO |
| 20c. TIME OF INJURY Month, Doy, Year 2 Hour o. m. 19 o | Vhile Not while for twork □ at work □ trended the deceased fram. | | 57.to 4/16 .19 | (County) (State |
| saw the deceased alive an 4/2/ 220 SIGNATURE 220 PHYSICIAN'S NAME (TyDR. SAMUEL J. | ACOBSON | M.D. ATTENDING ME DIE | M, from the causes and an the ST. STAFF. HING ST., CUMBER | 226. DATE SIGNE 4/18/60 |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL Specify) 4-19-1960 24. FUNERAL DIRECTOR'S SIGNATURE | 23c. NAME OF CEMETERY C ECKHART C | EMETERY | 23d. LOCATION (City, town, ar caunty) ECKHART, MD. D BY REGISTRAR 25b, REGISTRAR'S S | |
| 1. R. Dunt | FROSTBURG, MD | A | | S. Kraus |

may be rewined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, or remayal, and in any even with a state Board as Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial, crematian, or remayal, and in any even with the state Board of Health priar to burial. TO HOSP VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4121

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY | llegany | | MARYLA | AND | 2. USUAL RESIDENCE O. STATE Mary | | | lived. If institut b. COUNTY | | | :30 J | sion) |
|---|--|------------------|--|----------------|--|----------------------|--|---|-----------------------|----------------|-----------------|-------------------|
| RURAL ond give no | and the same of th | ts, write | c. LENGTH OF STAY IN | 4 1b | c. CITY OR TOW | | | ote limits, write l | RURAL ond | give ne | arest town | n) |
| d. NAME OF HOSPIT OR INSTITUTION | Savage TAL (If not in hospital, g | jive street | | | / | | | | | | | FARM? |
| 3. NAME OF DECEASED (Type or print) | Fic BARE | | Middle ANN | | Lost NEDER | | 4. DATE OF DEATH | Apri | 1 | 9, | | Yeor 19 60 |
| s. sex Female | 6. COLOR OR RACE | 7. MARI WIDOW | RIED NEVER MARRIED | | Apr. 18, | 18 | | 9. AGE (In years lost birthdoy) 70 yrs. | Months | 1 YEAR Doys | Hours | R 24 HRS Min. |
| 10a. USUAL OCCUPATIO | ON (Give kind of work king life, even if retired |) | KIND OF BUSINESS OR NO | | | (Stote o | or foreign co | | 1 | | S.A. | OUNTRY |
| | p Lapp | | | | | | verli | ne | | | | |
| 1S. WAS DECEASED EVE | | envice) | SOCIAL SECURITY NO. | | NFORMANT aymond Ne | | 14-7- | | evage | e, 1 | Md. | |
| Conditions, if o gove rise to i couse (o), stoting lying couse lost. | mmediate DUE TO | A | oronary Arte | | | | | | | | yrs, | |
| PART II. OTH | HER SIGNIFICANT CON | DITIONS (| CONTRIBUTING TO DEAT | | | | 11/2 | Proj. 15 | VEN IN PAR | T 1(o) | PERFC | AUTOPSY PRMED? |
| | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCC | CURRED |). (Enter noture of inju | ury in P | ort I or Port | II of item 18.) | | | | |
| 20c. TIME OF INJUR Hour o. m. p. m. | RY Month, Doy, Ye | While | NJURY OCCURRED Not while t of work | Oe. PLA foc | CE OF INJURY (Hom- tory, street, office bld | e, form, g., etc. | 20f. {City | or town) | (| County) | | (Stote) |
| 21. I certify the alive on | not I attended the | 19 | hat an air | death | occurred at £4 | 3 P | M, from the standard of the st | the couses at reet, city or town | nd an the , stote) | e date | e stated DA1 | |
| 220. BURIAL, CREMATIC REMOVAL (Specify) Burial | ON, 22b. DATE THEREC | F | 22c. NAME OF CEMET | | CREMATORY | | | Md. ION (City, town, Mt. | | | (Stot | |
| 23 FUNERAL DIRECTOR | S SIGNATURE | | ADDRESS Trostburg. | Mo | | | BY REGISTI | RAR 24b. REG | ISTRAR'S SI | GNATU | RE | |

TO HOSPICOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competerly thed page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Page 1 the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A1S (4) 15M 9/SB

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 4085

| | 1. PLACE OF DEATH a. COUNTY ALLEGANY | MARYLAND | 2. USUAL RESIDENCE (When a. STATE MARYLAND | e deceased lived. If institution: Resident b. COUNTYLEGAN | |
|-----|---|--|--|--|--|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | CUMBERLAND | tside corporote limits, write RURAL and g | give nearest tawn) |
|) | d. NAME OF HOSPITAL (15 POLITICAL AND HOSPITAL AVENUE WARWICK & MEMORIAL AVENUE | | d. STREET ADDRESS | ALE STREET | e. IS RESIDENCE ON A FARM? YES NO S |
| | 3. NAME OF First DECEASED (Type or print) JENNIE | Middle | Last NIXON | 4. DATE Month OF DEATH APRIL | Doy Year 5 1960 |
| | S. SEX 6. COLOR OR RACE 7. MARF | | 8. DATE OF BIRTH MARCH 21. T8 | 9. AGE (In years lost birthday) 80 yrs. | 1 YEAR IF UNDER 24 HRS. Days Haurs Min. |
| | 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME | Ownhome | OLDTOWN, ME 14. MOTHER'S MAIDEN NA |). | ZEN OF WHAT COUNTRY? |
| I | John Seaton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yes, give war or dates of service) | | Ruth Ann FORMANT FORMANT FORMANT | DU VALL CUMBERLAND, MD. | |
| | 18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (c) | ine for (a), (b), and (c).] 2 for interest of reserverse Aeroccle | Throm bo | Fine | INTERVAL BETWEEN ONSET AND DEATH |
| 100 | PART II. OTHER SIGNIFICANT CONDITIONS | | | | T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURRED | | | |
| | Haur o. m. White | Law Law | ACE OF INJURY (Home, farm, fory, street, office bldg., etc.) | 20t. (City or fawn) | Caunty) (State |
| | 21. I certify that (I) (this haspital) attensaw the deceased alive an. 4.5.22a. SIGNATURE | 1960, and that d | eath accurred at 4:00 | A fram the causes and an the | that (I) (we) last edge dore stated above SIGNED |
| | NAME (Type) DR. S. G. WEISM | AN | 22d. ADDRESS Comple | and , led | |
| | 230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 4-8-60 | Davis Memo: | | Cumberland, Md. | (State) |
| | James F. Scarpelli | Cumberland, | | 8Y REGISTRAR 25b. REGISTRAR'S SIG 1 1 1 60 Outling & | |

| Contact of the contact of the | Dates called | |
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| | | THE REAL PROPERTY. |

"s ofter death. Page 4 may be the bed by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled may the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fifted with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hrs

TO HOSPIT

VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4085 CERTIFICATE OF DEATH

| | o delicinio | | Reg. Dis | t. No. |
|--|--|--|--|--|
| 1. PLACE OF DEATH o. COUNTY | MARYLAND | 2. USUAL RESIDENCE (Where decea | sed lived. If institution, Residence b. COUNTY | e before admission) |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR FOWN (If autside car | porate limits, write RURAL and g | ive hearest town) |
| Cumberland | | 02Cumber | land | |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION FYEDEVICK | St. | 1912 Frede | rick St. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) George | Middle | O'ROURKE OF DEAT | 7 | Day Year 10 1960 |
| 5. SEX 6. COLOR OF RACE 7. MAR Male White WIDOW | RIED NEVER MARRIED | B. DATE OF BIRTH 7eb. 14, 1913 | 1 1 1 1 1 1 | YEAR IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired) | KIND OF BUSINESS OR INDU | ISTRY 11. BIRTHPLACE (State or foreign | marylan 11. CITI | ZEN OF WHAT COUNTRY |
| 13. FATHER'S NAME Patrick O'Rour | ka | 14. MOTHER'S MAIDEN NAME Elizabeth | McMahon | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service) | | INFORMANT SINGLE C. O'ROUTH | Ro Cumber | land, ked |
| 1B. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | ing for (o), (b), and (c).] | ORCLUSIO | J | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which } | | | | |
| gave rise to immediate case (a), stating the under- | | | | |
| PART 11. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CONTRIBUTING TO DEATH BUT | T NOT RELATED TO THE TERMINAL DISEA | SE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | CRIBE HOW INJURY OCCURRE | ED. (Enter nature of injury in Part I or P | ort II of item 18.) | |
| A Hour a.m. While | 6- | LACE OF INJURY (Hame, farm, 20f. (Coctory, street, office bldg., etc.) | ity or town) (Co | ounty) (State) |
| 21. I certify that I attended the decea | sed from 4-10 | | | ast saw the decease |
| actual Guesa Br. | and that death | n occurred at 15 A.M., fro ADDRESS | om the causes and on the (Street, city or town, stote) | e date stated above DATE SIGNER |
| PHYSICIAN'S CARLTON (S | BRINSFIELD | mo. 252 | Sheling n | ~ U. |
| 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Port 13,1960 | 22c. NAME OF CEMETERY CO SS. Peter Plan | or crematory 22d. 100 | ATION (City, town, or county) | (Stote) Md |
| 23. FUNERAL DIRECTOR'S SIGNATURE INC. | address | d, Md 24a, REC'D BY REGI | | |
| | | The state of the s | CANADA A. 76 | 0.45.65 |

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4116 CERTIFICATE OF DEATH

| | - | V | | | | | |
|--|--|----------------------------|--|------------------------|-------------------------------|-----------------|-------------------------------|
| 1. PLACE OF DEATH o. COUNTY | llegany | MARYLAND | 2. USUAL RESIDENCE (WO. STATE | | d. If institution b. COUNTY | Allega | |
| b. CITY OR TOWN (II | f outside carporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate l | imits, write RL | | |
| RURAL ond give ne | stburg | 4 Weeks | X Eck | chart | | | |
| d. NAME OF HOSPIT | AL (If not in haspital, give street | | d. STREET ADDRESS | | | | e. IS RESIDENCE ON A FARM? |
| | s Hospital | | | | | | YES NO Z |
| 3. NAME OF DECEASED (Type or print) | First Ida | Madle Mae | Porter | 4. DATE OF DEATH | April | 21s | |
| S. SEX | 6. COLOR OR RACE 7. MARE | RIED NEVER MARRIED | 8. DATE OF BIRTH | 9. A | GE (In yeors ist birthdoy) | Months Doys | IF UNDER 24 HRS |
| Female | White WIDOW | ED DIVORCED | June 30th. | 1884 | 75 yrs. | Monins Doys | Tiouis Mill. |
| 0a. USUAL OCCUPATIO | N (Give kind of work done 10b. | KIND OF BUSINESS OR INDU | | | 1) | 12. CITIZEN O | F WHAT COUNTRY |
| Housewi | ing life, even if retired) | wn housework | Maryl | 5 cc | | US | |
| 13. FATHER'S NAME | .10 | WII HOUSEWOLK | 14. MOTHER'S MAIDEN | | | 00 | A |
| Tanah | Dmorm | | | | | | |
| Jacob | | SOCIAL SECURITY NO. 17, IN | Helena | Hobell | Addr | | |
| Yes, no, or unknown) | If yes, give war or dates of service) | - 43 | | | | | |
| | 21 | 3-09-64751 W | m.Porter, | Rt.3, F | rostb | urg, Md | • |
| Conditions, if or gove rise to it gove rise to it gove rise to it gove lost. Part II. OTH | m mediote | Adomin Hy barter | al Chici | moma | tos | EN IN PART I(o) | 2 year |
| CATIC | | | 7.01 12.01125 10 1112 12.00 | WAL DISERSE CO | TO THOSE OF | | PERFORMED? |
| (IF EITHER, NOTIFY | S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER) | ckibe how injury occurre | D. (Enter noture of injury is | n Port I or Part II o | f item 18.) | | |
| Y 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Day, Year 20d. Ii 19 While at war | Not while for | ACE OF INJURY (Home, far story, street, office bldg., e | rm, 20f. (City or to | own) | (County) | (Stote |
| | t (I) (this hospital) attended alive on April 1. H. C. Diehl. | 21 196 Q and that c | M.D. ATTENDING PHYS. 22d. ADDRESS | P.M. from the | COUSES ON | d an the dote | 4/226. DATE SIGNED |
| 23a. BURIAL, CREMATIO | 1 | 23c. NAME OF CEMETERY O | | | ř | | |
| Burial Burial | 4-24-60 | Eckhart Ce | | Eckha | | or county) | (State) Md. |
| 24, FUNERAL DIRECTOR" | S SIGNATURE | ADDRESS Frostburg, M | | C'D BY REGISTRAR | 1 | TRAR'S SIGNATU | |

Ellected at the Fortest at Transaction The second of the second of the second Charles of the Charles to the state of th thanest leading the same of the later than the same .IN studytopp - Valent

| MARYLAND | STATE DEPARTMENT | OF HEALTH- | -BALTIMORE, | 18,4042 |
|----------|------------------|------------|-------------|-------------|
| 4087 | CERTIFICATE | OF DEATH | | Dan Dist No |

| | 4 | 087 | CERTIFIC | AIE OF | JEAII | 1 | | Reg. Di | ist. No. | | |
|---|--------------------------------------|---------------|------------------------------|--|--------------|----------------|------------------------------------|------------|----------|------------|----------------|
| o. COUNTY | | | MARYLAND | O STATE | | | l lived. If instituti b. COUNTY | | | | оп) |
| | legany f outside corporate limits | s. write | c. LENGTH OF STAY IN 18 | COTY OR | Mary | | rate limits, write F | | gany | | 1 |
| RURAL and give ne | earest town) | | | 0.2 | | | | OKAL GIIG | give neu | itest town | |
| d. NAME OF HOSPIT | rland AL (If not in hospital, gi | ve street an | ll days | d. STREET | | berlan | a | | | e. IS RESI | DENICE |
| OR INSTITUTION | red Heart H | | | 47 | | timore | Ave. | | | ON A | FARM? |
| NAME OF DECEASED | Firs | t | Middle | Lo | st | 4. DATE | Mor | ith | Day | y Y | /ear |
| (Type ar print) | Albert | | Roy | Potts | 3 | DEATH | 4 | | 23 | 1 | 960 |
| . SEX | 6. COLOR OR RACE | 7. MARRIE | DENEVER MARRIED | B. DATE OF BIRT | Н | | 9. AGE (In years | IF UNDER | 1 YEAR | | |
| Male | | WIDOWED | 745 | 77/25 | /88 | | lost birthday) | Manths | Days | Haurs | Min. |
| a. USUAL OCCUPATIO | ON (Give kind of work d | ane 10b. KI | ND OF BUSINESS OR INC | OUSTRY 11. BIRTHP | LACE (State | or foreign co | | 12. CIT | IZEN OF | WHATC | OUNTRY |
| Retired | king life, even if retired) | | S Tire Co. | -qu | esmit | 373 | | | | | |
| B. FATHER'S NAME | | 177 | b ille oo. | 14. MOTHER'S | Lie | | nnsylva | ща | | U.S. | A. |
| . TATTIER 3 NAME | | | | 14. MOTHER | MAIDEN | NAME | | | | | |
| | athen Potts | | | | Amar | nda Pur | | | | | |
| | R IN U. S. ARMED FORCE | | OCIAL SECURITY NO. | INFORMANT | | | Add | ress | | | |
| MO | | | | Chart | | | | | | | |
| 18. CAUSE OF DEA | TH [Enter only one cau | se per ling | for (o), (b), and (c).] | 011 | | 1 | | | | RVAL BET | |
| | TH WAS CAUSED BY: | 1 | Deplina | 11/4 | 1118 | 1/1 | 40 | | ONS | ET AND | DEATH |
| | IMMEDIATE CAUSE (o) | -6 | - CUV | 110 | -LIVI | vui | 9 | | 4 | MI | LATER |
| | DUE TO | Ci. | 1 1 1/10 | 10 | SULA | 100 | (10.1 | 1 | * | 7 , | |
| Conditions, if or | 101 | YE | wall so | 1 | w | no | reles | 12 | 16 | -4 | 11 |
| cause (a), stoting | | | () | | | | - | | | // | |
| lying couse lost. |) (c). | | | | | | | | | 1 | |
| PART II. OTH | IER SIGNIFICANT COND | ITIONS CO | NTRIBUTING TO DEATH B | UT NOT RELATED TO | THE TERM | INAL DISEASE | CONDITION GIV | EN IN PAR | T 1(a) 1 | 9. WAS A | UTOPSY |
| | | | | | | | | | | YES | |
| PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | S UNDERLYING [| 20b. DESCR | IBE HOW INJURY OCCUR | RED. (Enter noture | of injury in | Part I or Port | II of item 18.) | | | | |
| OR CONTRIBUTING | CAUSE OF DEATH | | | | | | | | | | |
| | | - 100 1 15 11 | Ham Occinose 120- | BLACE OF INJURY | | 000 (6) | | | | | - |
| 20c. TIME OF INJURY Hour o. m. p. m. | | While | URY OCCURRED 20e. Not while | PLACE OF INJURY foctory, street, affic | e bldg., etc | , 20f. (City | or town) | (1 | Caunty) | | (Stote) |
| p. m. | 19 | ot wark [| at wark | 1 | | i | | | | | |
| 21. I certify the | at I attended the | deceased | fram Mrv | 44/1 119/0 | Dia | 4 ~! | 12, 19/00 | That I la | ist saw | the de | 000000 |
| alive an | 4721- | 10/0 | 0 | th accurred at | 7201 | | | | | | |
| dilve dil | 1 | 3, 1,462 | Z, dila mpi dea | in accorred at | / | | the causes an | | e date | | abave SIGNE |
| ACTUAL | V. Jal | 1111 | | 11 | da. | | XO | To A I | 1/2 | 1116 | 111 0 |
| SIGNATURE | TON | ux | M /b/ | _M.D. /-65 | Ten | Ul-1 | 21 Cull | wer | Land | 7 114 | 1-19 |
| PHYSICIAN'S | [-] | | | | | | / | | | | |
| NAME (Type) | r. Johnson | | | | 16 Gr | een_St | reet | | | | |
| O. BURIAL, CREMATION | N, 22 DATE THEREOF | F | 22c. NAME OF CEMETERY | OR CREMATORY | | 22d. LOCAT | ION (City, town, | or county) | | (State | 2) |
| REMOVAL (Specify) | 4/26/60 | | Fairview Ch | ristian | Cem | Near | Artemas | , Pen | nsy! | lvan | ia |
| . FUNERAL DIRECTOR'S | S SIGNATURE | | ADDRESS | | 24a, RFC' | D BY REGIST | | STRAR'S SI | | | |
| John J. Ha | afer. Cumb | erlan | d, Maryland | l | | | | Chun S. | | _ | |
| 001111 00 11 | 7 - 32 7 | | , , , | | DATE AP | R 26 '6 | J Ch | www d. | 10000 | * | |

Surper L. Comment (Comment) AS WE CHANGE IN LONGING THE SECOND OF THE SE The production of the control of the materials, the sector of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04043

4088 **CERTIFICATE OF DEATH**

Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY | Allegany | | MARYLA | O STA | | Where deceased land | b. COUNTY | Alleg | efore admiss | sion) |
|--|--|---------------------|-----------------------------------|-------------------------------------|----------------|------------------------|---|-----------------|--------------------------|-----------------------------------|
| b. CITY OR TOWN (II RURAL ond give ne Cumber | | s, write | 3/24/60 | 1b c. CITY | | outside corpo | rote limits, write R | URAL ond give | nearest town | n) |
| | Al (If not in hospitol, gi Allegany | | nty Infirm | | RFD | #2, W | illiams | Road | e. IS RES ON A YES | FARM? |
| 3. NAME OF DECEASED (Type or print) | Fin Ear | nest | Middle D. | R: | Last | 4. DATE OF DEATH | April | th 8 | / | Year 19 60 |
| 5. SEX Male | | 7. MARRI WIDOWEI | ED NEVER MARRIED DIVORCED | - /2 | BIRTH /1880 | | 9. AGE (In years last birthday) 79 yrs. | Months Day | 1 | ER 24 HRS. Min. |
| Retired - | ing life, even if retired) | | Farming | 1 | laryla | and | ountry) | 12. CITIZEN | | OUNTRY? |
| 13. FATHER'S NAME | | - | | | HER'S MAIDEN | | | | | |
| IS. WAS DECEASED EVE | eorge W. | | | | | Young | | (d | | - 3 36 |
| | (If yes, give war or dates of se | | None | | | ounty | Infirma: | | ords | |
| | TH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (c) | 10/ | e for (0), (b), and (c).] | hyper | ude | als | egellera | tion " | NSET AND | TWEEN DEATH |
| Conditions, if a | | 6 | erelera | la | rper | rosc | leros | is | > | |
| gove rise to it couse (o), stating lying cause last. | > DITE TO | Le | ardia | r de | ion | gelle | ation | | ? | |
| PART II. OTH | HER SIGNIFICANT CON | DITIONS CO | ONTRIBUTING TO DEATH | LBUT NOT RELAT | at co | MINAL DISEAS | E CONDITION GIV | 'EN IN PART 1(o | 19. WAS PERFC YES | DRMED? |
| OR CONTRIBUTING | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY OCC | URRED. (Enter na | ture of injury | in Port I or Por | t II of item 18.) | | | |
| 20c. TIME OF INJUR Haur o. m. p. m. | Y Manth, Day, Yea | While | Not while of work | e. PLACE OF INJ foctory, street, | | | or town) | (Coun | ty) | (State) |
| 21. I certify the | at I attended the | decease | ed from 3/24 | /60 , 19 eath occurred | / | AM, from | the causes on | d on the do | ate stated | deceased d above. TE SIGNED |
| ACTUAL SIGNATURE | James | 6 | nelea | CM.D. 1 | 19 Gre | ene S | t. | | 4/8/6 | 60 |
| PHYSICIAN'S NAME (Type) | Dr. James | E. | McLean | (| umber | cland, | Md. | | | |
| 220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL | | | 22c. NAME OF CEMETE 60 Mt. He: | ry or cremato | | | non (city, town, | | (Stat | te) |
| 23. FUNERAL DIRECTOR | | | ADDRESS | 35.0 | 24a. RI | EC'D BY REGIST | M | STRAR'S SIGNA | | -71 |
| Byron | Might | C | umberland | , Md. | DATE | PR 1 2 '6 | 0 0.2 | hun S. Fire | | |

| Cumberland Cumberland y R&O yZ, Will Rice Mee | 3/20/60 county confrant county confrant | |
|---|---|------------------|
| y RED VS, Will Mico | corlini vingot | tangetts. |
| acia sola | .3 530 | |
| | | tell |
| 1/1/1899 | | |
| | | etide e.A |
| bne. wend | | Terray - beriter |
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| 03\4\d | | 10/7/V |
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| | Titerany joung, dan | |

VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18,4044

CERTIFICATE OF DEATH 4089

Reg. Dist. No.

| | | | | | | - | |
|---|--|--------------------------------------|---|-------------------------------------|--------------------------------------|-----------------------------|--------------------|
| 1. PLACE OF DEATH a. COUNTY | Arany | MARYLAND | O STATE | | . If institution: Resid b. COUNTY | Land | sian) |
| | egany If outside corporate limits, will eorest town) | | | V a • N (If autside corporate li | mits, write RURAL on | d give nearest tow | n) |
| Cumberl | | 22 days | Levels | | 85 | X-3 | |
| | TAL (If not in haspital, give st | treet address) | d. STREET ADDRE | SS | | ON | SIDENCE A FARM? |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE OF DEATH | Month | Day | Year |
| (Type or print) | Gilber | | Saville | | April | | 1960 |
| s. sex | | MARRIED NEVER MARRIED DOWED DIVORCED | 8. DATE OF BIRTH | 1880 9. AG | birthday) Manths | ER 1 YEAR IF UND Days Hours | 7 |
| | 3477700 | 10b. KIND OF BUSINESS OR INI | NICTON 11 DIDTUDIACE | 7 7 | | ITIZEN OF WHAT | COLINITRYS |
| | king life, even if retired) | 234-58-09 | 739 W. V. | | 12.0 | U.S.A. | COOMIKIT |
| 3. FATHER'S NAME | AINTE | | 14. MOTHER'S MAIL | DEN NAME | Sann | 110 | |
| IS. WAS DECEASED EVE | R IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | INFORMANT | 0 | A Address | 1 | |
| | (If yes, give war or dates of service) | | ida Sav | Mater | tle IV | UG | |
| 18. CAUSE OF DEA | ATH [Enter only one cause p | per line for (o), (b), and (c).] | | | | INTERVAL B | ETWEEN |
| PART I. DEA | TH WAS CAUSED BY: | Cerebral Vaso | tool actin | dent | | ONSET AND | eks |
| 4422 | DUE TO | GELENTAT AGS | MIAI ACCI | Jeno | 1000 | 3 "0 | OTED |
| Star : | | | | | 31 400 40 | 0 | 027 |
| Conditions, if a | mmediate (b) A | rteriosclerot | de Caralo | -vascular | alsease | 8 уе | ars |
| cause (o), stating | | | | | | | |
| lying cause last. |) (c) | | | | | | |
| PART II. OTH | HER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE | TERMINAL DISEASE CON | IDITION GIVEN IN P. | ART 1(a) 19. WAS | AUTOPSY ORMED? |
| CAT | | | | | | YES [| - |
| 20g. ACCIDENT WA | AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCUR | RED. (Enter noture of inju | ry in Part I or Port II of | item 1B.) | | |
| 20c. TIME OF INJUR Hour o. m. p. m. | W N | /hile Not while | PLACE OF INJURY (Home factory, street, office bldg | form, 20f. (City or to | wn) | (County) | (Stote) |
| ₽. m. | 19 0 | t work at work | | | | | |
| 21. I certify th | nat I attended the dec | ceased from 11 - | 3 . 1953 . to | 4 - 14 | 19 6 Phat I | last saw the o | deceased |
| alive on | | 4 | th accurred at 12 | | | | |
| Janve on | 2 | A and mar dec | in decorred dige. | ADDRESS (Street, o | | | TE SIGNED |
| ACTUAL | too a lai | Bree. | 60 | Greene St. | | 11.711.6 | 0 |
| ACTUAL SIGNATURE | Carga vo. | Guccia. | _M.D | greene 20 | | T-T-T-O | 0 |
| PHYSICIAN'S NAME (Type) RE | alph W. Bal | lin, M.D. | Cum | berland, 1 | ∕Id• | | |
| 220. BURIAL CREMATIC REMOVAL (Specify) | DN, 22b. DATE THEREOF 4/16 196 | 22c. NAME OF CEMETERY | OR CREMATORY Charles | 22d. LOCATION | City, town, or county | r) (Sto | ote) |
| 23. FUNERAL DIRECTOR | S SIGNATURE / TOO | ADDRESS | Ta 7/59/84T | REC'D BY REGISTRAR | 24b. REGISTRAR'S | SIGNATURE & Kraue | |
| 00, 11 | ., | | The Company | - | | at, report | |

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 040 | 45 |
|-----|----|
|-----|----|

CERTIFICATE OF DEATH

| | 4 | 11311 | <u> </u> | | | | Reg. Dist. N | No. | 1 |
|---|---|----------------|----------------------|-----------------------------|------------------------|---------------------------|-----------------|----------------|-------|
| 1. PLACE OF DEATH o. COUNTY | egany | | MARYLAND | 2. USUAL RESIDENCE OF STATE | | b. COUNTY | | _ | ion |
| | (If autside carporate limits | s, write c. I | LENGTH OF STAY IN 16 | | /N (If autside carpo | | Mine: | | 1) |
| d. NAME OF HOSE OR INSTITUTION | ITAL (If not in hospital, gi | ve street oddr | 9 days | d. STREET ADD | reley RESS | | 85 | e. IS RES | |
| | Sacred Heart | Hospi | tal | 54 Pc | otomac St | reet | | ON A | |
| 3. NAME OF DECEASED (Type or print) | Firs Elizab | | Middle | Schaffer | 4. DATE OF DEATH | Mar | nth | / | Yeor |
| 5. SEX | | | NEVER MARRIED | B. DATE OF BIRTH | | 9. AGE (In years | IF UNDER 1 YE | AR IF UNDE | ER 24 |
| Female | White | WIDOWED [| DIVORCED [| 8/2/91 | 100 | last birthdoy) 58 yrs. | Months Day | s Haurs | M |
| 10a. USUAL OCCUPAT during mast af wo | ION (Give kind af work durking life, even if retired) | one 10b. KINI | OF BUSINESS OR INDI | JSTRY 11. BIRTHPLACE | (State ar foreign c | guntry) | 12.CITIZEN | OF WHAT | OUN |
| | | | Housewife | N | id. | | U. | S.A. | |
| 13. FATHER'S NAME | 1) | 1. | | 14. MOTHER'S MA | IDEN NAME | 11 | - | | |
| yames | - /Le | ady | | (a | theren | 6 the | ulm | 2- | |
| 15. WAS DECEASEDEN | ER IN U. S. ARMED FORCE | ES2 16 SOC | IAL SECURITY NO. | INFORMANT | | Add | ress | | |
| | | | | Chart | | | | | |
| 1B. CAUSE OF D | EATH [Enter anly ane cau | | | 1 - | | | 11 | TERVAL BE | TWE |
| PART I. DE | ATH WAS CAUSED BY: | Dr. | plectic | Tinh. | | | 0 | NSET AND | DEA |
| 3311. | DUE TO | - | oper and | THE CELL | | | | 1 and | - |
| Candidan II | | - | 0.0 | - 4- | 2 | | | | |
| Conditions, if | immediate (D) | Sea | revolution | Orterone | um | | | | |
| cause (a), statin | | | | | | | | | |
| lying cause lost | (c). | | | | | | | + | |
| PART II. O | THER SIGNIFICANT COND | ITIONS CONT | RIBUTING TO DEATH BU | T NOT RELATED TO THE | ETERMINAL DISEAS | E CONDITION GIV | VEN IN PART 1(a | PERFO YES [| RME |
| ○ OR CONTRIBUTIN | /AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DESCRIBE | HOW INJURY OCCURR | ED. (Enter nature of inj | ury in Part I ar Por | t II of item 1B.) | | | |
| 20c. TIME OF INJU | | 20d. INJUR | | LACE OF INJURY (Ham | | ar tawn) | (Caun | ly) | (S |
| Havr a.m | . 19 | While of wark | TAOL MULIC | actory, street, office bld | lg., etc.) | | | | |
| | | | 1110 | 200 | 11 | 12 1 | | | |
| | hat I attended the | 10 | | , 19 22 , to | 14 7- | 19_6 | hat I last s | aw the d | ece |
| alive an | 4013 | , 19 66 | , and that deat | accurred at | | the causes an | | | |
| ACTUAL | P Then | | | | ADDRESS (SI | treet, city or town, | state) | DAT | E SIG |
| SIGNATURE | 1 Phone | 80 | | M.D | | | | | |
| PHYSICIAN'S NAME (Type) | Dr. L.Brings | 0 | | 59 | greene | Street | | | |
| 22a. BURIAL, CREMATI | ON, 226. DATE THEREOF | 220 | . NAME OF CEMETERY | OR CREMATORY | | TION (City, town | ar caunty) | (Stot | elo |
| BEMOVAL (Specif | 14/16/6 | 0. | Sussel | minest- | & CVI | mbala | 2" | m | 4 |
| 23. FUNERAL DIRECTO | R'S SIGNATURE | 1 | ADDRESS | | REC'D BY REGIST | RAR 24h PEGI | STRAR'S SIONA | TURE | |
| Louis | Men | Van | 1 | 1/2/1 | TE AND 1 8 'F | | IL PH | | |
| | - Particular V | -4-1 | The second second | THE PARTY INA | TE MERSEY 1 25 TO | 357 | adding I II | - 11 4 | |

BEG & CURRENCASE CERT VEH

M

TO HOSPIC OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to 5 after death. Page 4 may be manned by the haspital an attending physician.

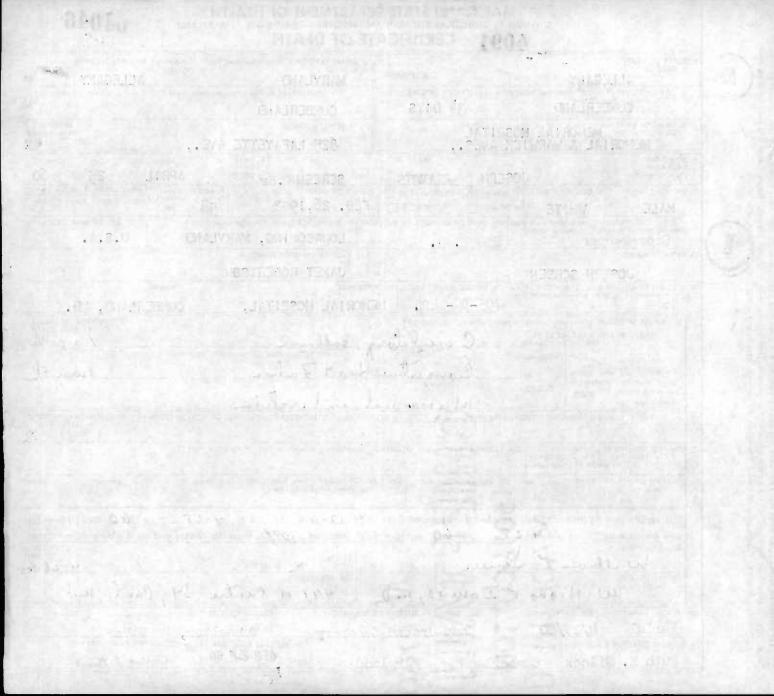
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, or remaval, and in any event, with the state death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4091 CERTIFICATE OF DEATH

v4046

| | | | 200 | | | | | | | | | |
|---------------|--|---|-------------------|-----------------------------------|-------------|----------------------------------|-----------|------------------------|---|-------------|-------------|-------------------------------------|
| 1. | PLACE OF DEATH a. COUNTY | EGANY | | MARY | | USUAL RESIDE | | here deceased | lived. If institut b. COUNTY | | EGANY | |
| | | f autside carporate lim | its, write | c. LENGTH OF STAY | IN 1b | 2 CUME | | | rate limits, write l | RURAL and | give neares | t tawn) |
| 3 | d. NAME OF HOSPIT OR INSTITUTION ME MOR | AMEMORTAL I | ICK A | TAL VES. | 1 | d. STREET AC | | YETTE | AVE. | | | IS RESIDENCE ON A FARM? ES NO |
| 3. | NAME OF DECEASED (Type ar print) | Fi | JOSEP | Middle H FRANCI | S | SCREE | N S | 4. DATE OF DEATH | APR | | 25 | Year 19 60 |
| 5. | MA LE | 6. COLOR OR RACE WHITE | 7. MARR | DIVORCE | | B. 26, | 1902 | | 9. AGE (In years last birthday) 58 yrs. | Manths | | UNDER 24 HRS. laurs Min. |
| | o. USUAL OCCUPATION during most of world STOPPICES | king life, even if retired |) | KIND OF BUSINESS O | | LONA C | ONIN | G, MAR | | | IZEN OF W | HAT COUNTRY? |
| | | EPH SCREEN | | | | | | ERTSON | | | | |
| | WAS DECEASED EVE | R IN U. S. ARMED FOR | | SOCIAL SECURITY NO | . 17. INFOR | | NOD | LIT I JUIN | | iress | - 12 47 | |
| (Y | No | (If yes, give war or dates of | 70 | 05-05-4494 | | DRIAL H | HOSP I | TAL, | CUN | BERLA | ND, M | |
| | | ATH [Enter anly one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c | 1) | e far (a), (b), and (c). | story | Collo | 400 | | | | | AL BETWEEN AND DEATH MONTH |
| | Canditions, if a gave rise to i couse (a), stoting | mmediate (| | Cango | lue H | · Kras | 1 with | ne | | | 1, | nonth |
| | lying cause last. | the <u>under-</u> | :) | Myscan | dial | und | arch | tion | | | ' | |
| CERTIFICATION | PART II. OTH | HER SIGNIFICANT CON | iditions <u>c</u> | CONTRIBUTIN E T O DE | ATH BUT NO | RELATED TO | THE TERM | INAL DISEASE | E CONDITION GI | VEN IN PAI | | WAS AUTOPSY PERFORMED? ES NO |
| | (IF ETIMER, NOTIFY | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY O | CCURRED. (E | nter nature of | injury in | Part I ar Part | t II af item 18.) | (F. 51 | 316 | |
| MEDICAL | 20c. TIME OF INJUR Haur a. m. p. m. | Y Manth, Day, Ye | While | NJURY OCCURRED Nat while at wark | | OF INJURY (H , street, affice | | | ar tawn) | (| (Caunty) | (State) |
| | | | | led the deceased | | | | . 4 | | | | |
| | saw the decease | thoir 1- | Lou | 19_60, and | that deat | ATTENDING PHYS. | - M | M, fram | STAFF | nd an th | e date st | 22b. DATE SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) | Villiam | PI | Tames, a | 40 | 22d. ADDRE: | SS | Cent | he St | , Cam | l. n | J |
| 23 | a. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL | 236. DATE THEREO | OF | 23c. NAME OF CEM | | ematory | | | rion (City, tawn, elton. | WV | a | (State) |
| 24 | Ruth E. | | ımber. | ADDRESS Land Ma | ryland | | | D BY REGIST | 100 | Istrar's SI | S. Krau | 4 |



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| ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, | 18 | 64047 |
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| 1000 | CEDTI | FICATE | OF | DE | ATL |
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| 4092 | CEKII | IICAIL | O | | AIL |

MA

| | 403 | 16 | | | Reg. Dist. | No. |
|--|---|--------------------------|---|---|----------------|---|
| 1. PLACE OF DEATH o. COUNTY | | | 2. USUAL RESIDENCE (W | here deceased lived. If insti | | before admission) |
| Allegany | | MARYLAND | Mary | land b. coun | | gany |
| b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) | its, write | c. LENGTH OF STAY IN 16 | | outside corporate limits, writ | | |
| Cumberland | | 9days | | erland | | I is prespective. |
| d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION | | | d. STREET ADDRESS | 7 | | e. IS RESIDENCE ON A FARM? YES NO |
| | | Hospital | | erly Terrace | | - X |
| 3. NAME OF DECEASED (Type or print) | ^{rst}]]ian | Middle | Seeders | 4. DATE OF DEATH | Nonth 7 | Day Year 19 60 |
| S. SEX 6. COLOR OR RACE | 7. MARR | RIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In year | | EAR IF UNDER 24 HRS. |
| Female White | WIDOW | | Oct 6,1899 | lost birthdo | | ys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired | done 10b. | KIND OF BUSINESS OR INDU | JSTRY 11. BIRTHPLACE (Stote | e or fareign country) | 12. CITIZEN | OF WHAT COUNTRY? |
| Housekeeper | " | At Home | West, V | irginia | 11 | C A |
| 13. FATHER'S NAME | | 110 1101110 | 14. MOTHER'S MAIDEN | | | |
| Russell Stewart | | | Fanny St | ewart | | |
| 1S. WAS DECEASED EVER IN U. S. ARMED FOR | RCES? 16. | SOCIAL SECURITY NO. | INFORMANT | A | ddress | |
| (Yes, no, or unknown) (If yes, give wor or dates of s | | None | Chart | | | |
| 1B. CAUSE OF DEATH [Enter only one continued to the course of the course | b) / b) / b) / c) / c) / c) / c) / c) / | Myocardin | e Heart | arantem AINAL DISEASE CONDITION | 2 | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CON | | | | | | PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCURRI | ED. (Enter noture of injury in | Port I or Port II of item 18.) | | |
| ZOc. TIME OF INJURY Month, Doy, Ye Hour o. m. 19 | ar 20d. It While of wor | Not while fo | LACE OF INJURY (Home, for octory, street, office bldg., et | | (Cou | nty) (Stote) |
| 21. I certify that attended the | deceas | ed fram 3/30 | , 19 <u>(o</u> v , ta | 47 199 | 9that I last | saw the deceased |
| actual Signature Seo. | -, 19.6 Se | ou, and that death | h occurred at | _M, fram the causes ADDRESS (Street, city or too | | ate stated abave. DATE SIGNED 4/9/60 |
| PHYSICIAN'S NAME (Type) Dr. I. Ley | | | 156_N | Cnetre St. | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREC | OF. | 22c. NAME OF CEMETERY C | | 22d. LOCATION (City, tow | n, or county) | (Stote) |
| Burial 11/10/60 | | Forest Glen | Cemetery | (Near) Green | spring | WVa |
| 23. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | 24a. REC | D BY REGISTRAR 24b. RE | GISTRAR'S SIGN | ATURE |
| Ruth E. Silcox Cun | berl | and Maryl | and DATEAR | PR 1 2 '60 | lather & K | |

HOASO I STATEMENT SCOOL TO THE PARTY OF THE • Te A NEW YORK OF THE PARTY OF THE Approved to the second of the THE RESERVE OF CANADAS AND ASSESSED ASSESSED. 10000

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| 1 | | / |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1,4648

4122 CERTIFICATE OF DEATH

Reg. Dist. No.

| 324 | f Prof | | | Reg. I | DIST. INO. |
|--|---------------------------|---------------------------------|--|----------------------------|--|
| 1. PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDENCE (W | | . If institution: Resid | ence before admission) |
| Allegany | MARYLAND | Mary | | | llegany |
| b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate li | mits, write RURAL and | d give nearest town) |
| Mount Savage | Life | X Mount | Savage | | |
| d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION | ddress) | d. STREET ADDRESS | ************************************** | | e. IS RESIDENCE ON A FARM? YES TO TO |
| 3. NAME OF DECEASED (Type or print) NOTED NOTED | Middle | Lost | 4. DATE OF DEATH | Month | Day Year |
| Melite Mewii | | A DATE OF BURE | | | 4, 196019 |
| | | B. DATE OF BIRTH | 7. AC | birthdoy) Months | Days Hours Min. |
| Female White WIDOWE | _ | | | 35 yrs. | |
| USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUS | STRY 11. BIRTHPLACE (Stote | or fareign country) | 12. 0 | TITIZEN OF WHAT COUNTRY |
| Housewife | | Mt. Sav | age, Md | | USA |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | |
| Edward Newman | | Katheri | ne Witt | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. S | OCIAL SECURITY NO. 17. H | | | Address | |
| IVes. na or unknown) (III yes, give wor or dates of service) | 13-01-80021 | hn M. Shaf | fer, Mt | Savage | , Md. |
| 18. CAUSE OF DEATH [Enter only one couse per lin | e for (o), (b), and (c).] | 4- 1. | 1 | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: | Receselera | in Heart | Alsen | ica | 20 42a 1 - |
| TO DUE TO | | | | | |
| Conditions, if any, which) (b) | | | | | |
| gove rise to immediate | | | | | |
| lying cours lost | | | | | |
| / (6) | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE CON | DITION GIVEN IN PA | PT May 19 WAS AUTOPSY |
| I Day gragee | il of Ry | - leg - | | | PERFORMED? YES NO |
| UF EITHER, NOTIFY MEDICAL EXAMINER) | RIBE HOW/NJURY OCCURRED | D. (Enter noture of injury in | Port I or Port II af | item 18.) | |
| | JURY OCCURRED 20e. PL | ACE OF INJURY (Home, fare | n, 20f. (City or to | vn) | (County) (Stole) |
| | Ol yeark | tory, street, office bldg., etc | 1 | | |
| 21. I certify that I attended the decease | d from Things | , 19.5 £, to | PR12 29 | 6 19 60 that | last saw the deceased |
| alive an APR 12 284, 196 | , and that death | occurred at 3.P | M. fram the | causes and an | the date stated above |
| 1 0 | (')/ | | ADDRESS (Street, c | | DATE SIGNED |
| SIGNATURE MAN TO SILLE | that En as | Do 44 | RRAAT | 1.104 | 4/25/60 |
| | | n.v | 104-1-16 | | |
| PHYSICIAN'S MARTIN M.R | OTHITEIN | MD - FC | 15/12/11 | 06 | |
| 220. BURIAY, CREMATION, 226. DATE THEREOF | 22c. NAME OF CEMETERY OF | | | City, town, or county | (State) |
| Barial April 27,1 | 960 Methodi | st Cemeter; | Mt. S | avage, li | IQ. |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 24a. REC | D BY REGISTRAR | 24b. REGISTRAR'S | IGNATURE |
| Xander N. Leich av. | Hyndman, Pa | DATE | APR 29'60 | 1 11 | & House |

| | | SHEET SELECT | |
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s after death. Page 4

VS A1S (4) 15M 9/5B

the registrar priar ta burial, crematian, or removal, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18,4049

CERTIFICATE OF DEATH 4093

| | | X U J U | | | | Ne | g. Dist. 140. | |
|--|--|--------------------|------------------------|-------------------------------|------------------------|---|----------------|---|
| PLACE OF DEATH O. COUNTY | Alle | gany | MARYLAND | 2. USUAL RESIDENCE (W | | | esidence befor | |
| RURAL ond give ne | rland | 1 | 6/30/49 | c. CITY OR TOWN (IF | outside corporote | limits, write RURAL | ond give nea | rest town) |
| | AL (If not in hospital, g | | r Infirmar | d. STREET ADDRESS | lenn S | treet | | ON A FARM? YES NO- |
| 3. NAME OF DECEASED (Type or print) | Loui | | Middle | Shannon | 4. DATE OF DEATH | April | 22, | |
| 5. SEX Female | 6. COLOR OR RACE | 7. MARRIED WIDOWED | NEVER MARRIED DIVORCED | B. DATE OF BIRTH 5/21/1873 | 1 | | nths Doys | Hours Min. |
| Oa. USUAL OCCUPATION during most of work Housewi. | ing life, even if retired) | lane 10b. KIND | OF BUSINESS OR INDU | Washingto | ar foreign caunt | (7) | 2. CITIZEN OF | WHAT COUNTRY? |
| | hn Robert | | | | Heath | | | |
| IS. WAS DECEASED EVER | The second second | CES? 16. SOCI | | NFORMANT P.O.BO | x 599 | Address (| | land, Mo |
| Conditions, if or gove rise to in cause (o), stoting the lying couse last. Part II. OTH | he under- | Chronitions cont | ebral. | rephrit | ocler tis | , | N PART 1(0) 15 | 9. WAS AUTOPSY PERFORMED? |
| PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESCRIBE | HOW INJURY OCCURRE | D. (Enter noture of injury in | Part I or Part II o | of item 18.) | | YES NO |
| _ | MEDICAL EXAMINER) / Month, Day, Yeo 19 | While | | ACE OF INJURY (Hame, fari | | town) | (County) | (State) |
| 21. I certify the olive on | at I attended the /22/60 | | | occurred a 4: U51 | M, from the | , 19,tho couses and o , city or town, state | n the dote | the deceosed stated obove. DATE SIGNED 22/60 |
| PHYSICIAN'S NAME (Type) | Dr. James | E. Mo | Lean | Cumberla | and, Md | • | | |
| 220. BURIAL, CREMATION REMOVAL (Specify) Burial | 4-25-60 | | NAME OF CEMETERY C | | | City, town, or co | unty) | (Stote) Md. |
| 23. FUNERAL DIRECTOR | | | ADDRESS Ostburg, M | 24a. REC | D BY REGISTRAR | 24b. REGISTRA | R'S SIGNATUR | RE |

| | | | | 1 1 1 m | | |
|---------|--------|--|-----------|---------|----------------|-----|
| gmage | IIV. | bastyret | | | IIA | |
| | | San Madamo | (30/1.9 | 19 | - Bright ofour | |
| | ত প্ৰত | nmeli TIS | yrahı.iht | | | |
| 22, | Lings | 3harmon II | | 08. | no. | |
| | 36 | £781A1873 | | 2 | adidy ala | Per |
| • 4 • 5 | .0 .0 | Heeniatons, J. | | | e3 Ivess | Hot |
| | | dael esizai Cen mon.o.T L , daugu ymagei | | | | |
| /22/50 | | 1,/22/5 2:05P .15 020020 50 | | | | |

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CEDTIEICATE OF DEATH

| | D1.4 | |
|------|-------|-----|
| Keg. | Dist. | NO. |

| | | 4 25 | CERTIF | CAI | E OF DEATH | | | Reg. D | ist. No. | | 1/1/2 |
|---|--|----------------------------------|---------------------------|-----------|--|-----------------------------|---|--------------------------|-----------|---------------------|-----------------------|
| | 1. PLACE OF DEATH a. COUNTY | | MARYLA | | USUAL RESIDENCE (WHO STATE | - | d lived. If institution | | | | ion) |
| | Allegany | Studen mater | | | Maryl | | | | egar | | |
| | b. CITY OR TOWN (If outside corporate RURAL and give nearest town) | e limits, write | c. LENGTH OF STAY IN | 16 | c. CITY OR TOWN (If a | _ | | UKAL ond | give nec | irest town | 1) |
| | | iral) | Lifetime | / | (Rural) | F'ros | tburg | | | | |
| | d. NAME OF HOSPITAL (If not in haspi OR INSTITUTION R.D. #2 BOX 18 | | eddress) | 1 | d. STREET ADDRESS R.D. #2. | Box | 188 | | | | FARM? |
| | 3. NAME OF | First | Middle | | Lost | 4. DATE | Man | th | Da | у , | Year |
| | (Type or print) GEORG | Tr) | FOWARD | SKIT | MORE | OF DEATH | 4 | | | | 19 60 |
| | S. SEX 6. COLOR OR R | - | ED NEVER MARRIED | 1 | ATE OF BIRTH | | 9. AGE (In years | IF UNDE | R 1 YEAR | | |
| | M W | WIDOWE | | | -10-1875 | | lost birthday) | Months | Days | Haurs | Min. |
| | 10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re | vork done 10b, I | KIND OF BUSINESS OR | INDUSTRY | | - | country) | 12. CI1 | | WHATC | |
| | Miner | ill ed) | Coal Mine | S | Borden, N | ld. | | - | U. | S.A. | |
| | 13. FATHER'S NAME | | | 14 | . MOTHER'S MAIDEN N | NAME | 1000 | | | | |
| | James Skidmore | | | | Susan Wei | tzel | | | | | |
| | 1s. WAS DECEASED EVER IN U. S. ARMED | FORCES? 16 | SOCIAL SECURITY NO. | INFO | RMANT | | Add | ress Til | 1.7 | | 262 |
| | (Yes, no, or unknown) (If yes, give war or date None | es of service) | 6-07-4049 | | Harry Sk | idmor | | #2 | | urg | |
| | 18. CAUSE OF DEATH [Enter only or | ne cause per lin | e for (o), (b), and (c).] | | | | | 11 | INTE | RVAL BE | TWEEN |
| | PART I. DEATH WAS CAUSED IMMEDIATE CAU | | Wentric | 4/0 | r Fihr | illat | rion | | | ET AND | 0 |
| | Conditions, if ony, which gove rise to immediate couse (o), stating the under- | (b) // | lyocardia eneraliz | | Ischein | | 200 | | | 10 | vr. |
|) | PART II. OTHER SIGNIFICANT Emphy Se | (-) | | | | | | EN IN PA | RT 1(o) 1 | PERFO | AUTOPSY RMED? |
| | OR CONTRIBUTING CAUSE OF DE | 20b. DESC | RIBE HOW INJURY OCC | URRED. (E | nter nature of injury in | Port I ar Pai | rt II of item 1B.) | | | | |
| | O 20c. TIME OF INJURY Manth, Doy, Hour o.m. p. m. | Year 20d. IN While of work | Not while | | OF INJURY (Home, form street, office bldg., etc | | y or tawn) | | (Caunty) | | (Stote |
| | 21. I certify that I attended alive an April ACTUAL SIGNATURE Clevin PHYSICIAN'S NAME (Type) Alvin | J. W. J. W | alters | eath ac | 48 Br | M, fram ADDRESS (Soad ostb. | the causes an Gireet, city or town, Way | d an th state) Mar | | stated DAT 4/ | abave signe 3/6 |
| | 220. BURIAL, CREMATION, 22b. DATE TH REMOVAL (Specify) 4-3-6(| | rostburg | 2.5 | ematory orial Par | 773 | TION (City, town, | or county) | | (State | e) 7 |
| | 23. FUNERAL DIRECTOR'S SIGNATURE | Hafen | ADDRESS | | 24a. REC' | D BY REGIS | The second second second | STRAR'S S | GNATU | SE PAR | 40 |
| | Beulal H. Woutesan | 23 E | Main Eros | thur | DATE | APR 5 | | arthur | 8. th | Aua | |

TO HOSPI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 of safter death. Page 4 may be retained by the hospital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayol, and in any event within 72 hours ofter death.

THE TAX BOARDING HOLESHIP WITH MEANING TAX BEING THE Coffee and the second of the s •. THE RESIDENCE OF THE PARTY OF T the first production of the care of the second of the seco AND AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE Electrical and the second seco

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14051

4094 CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. | PLACE OF DEATH o. COUNTY | | MARYLAN | | USUAL RESIDENCE (W | | d lived. If institution b. COUNTY | | | |
|---------------|---|---------------|-----------------------------|-----------|----------------------------|----------------|------------------------------------|-------------|-----------|---------------------|
| \vdash | Allegany b. CITY OR TOWN (If outside corporate | limits, write | c. LENGTH OF STAY IN | 1b | c. CITY OR TOWN (IF | | prote limits, write R | | Legany | |
| | RURAL and give nearest tawn) | | | 1 | / | | | | | |
| | d. NAME OF HOSPITAL (If not in haspite | l nive street | nddress) | | d. STREET ADDRESS | erland | | | 0.15 | RESIDENCE |
| | OR INSTITUTION | | | 1 | | ,,_ | | | 10 | A FARM? |
| - | Sacred Hea | rt Hos | pital | | Rt. | #5 | | | TES | □ NO 🛚 |
| | NAME OF DECEASED | First | Middle | | Last | 4. DATE OF | Mon | | Day | Year |
| | (Type or print) Jerald | | Α. | | mith | DEATH | 4 | 22 | | 1950 |
| 5. | SEX 6. COLOR OR RA | CE 7. MARE | RIED 📆 NEVER MARRIED [| ☐ B. D | ATE OF BIRTH | | 9. AGE (In years last birthday) | | | NDER 24 HRS. |
| 1 | Female White | WIDOWI | ED DIVORCED | | 5/9/22 | | 37 yrs. | Months | Days Hou | rs Min. |
| 100 | . USUAL OCCUPATION (Give kind of we during most of working life, even if reti | ork done 10b. | KIND OF BUSINESS OR I | NDUSTRY | 11. BIRTHPLACE (State | e or foreign c | ountry) | 12.CITIZ | EN OF WHA | T COUNTRY? |
| 1 | Housewife | OW | n Home | | Me | d. | | | U.S. | Δ. |
| 13. | FATHER'S NAME | IO VI | TI HOME | 1/ | I. MOTHER'S MAIDEN | - | | | 0.0 | |
| | | | | | | | 1-0 | | | |
| 16 | Anthony Struwas DECEASED EVER IN U. S. ARMED I | | SOCIAL SECURITY NO. | INISO | Mary An | n Die | Key | | | |
| | i. no. or unknown) (If yes, give war or dates | | SOCIAL SECURITY NO. | INTO | KMANI | | Add | C22 | | |
| | No | 2 | 20 10 0190 | | | | | | | |
| 1 | 18. CAUSE OF DEATH [Enter only one | | ne for (o), (o) on() (c).]) | 7 | 2) 10 | 0- | | | | BETWEEN ND DEATH |
| | PART I. DEATH WAS CAUSED B | Y: F (o) | MILLEROPHE | FU | ¿ fen | Run | un | | 7 | MAN |
| | 204 DUE | | 1 | | | | | | 1 | 7 |
| | Conditions, if ony, which) | | | | | | | | 1 | |
| | gove rise to immediate | (b) | V | | | | | | - | |
| - 1 | couse (o), stoting the under- | 10 | | | | | | | | |
| 7 | lying couse lost. | (c) | | | | | | | | ALLE ORGA |
| 5 | PART II. OTHER SIGNIFICANT C | ONDITIONS | CONTRIBUTING TO DEATH | BULNO | RELATED TO THE TERM | AINAL DISEAS | E CONDITION GIV | EN IN PARI | PEI | REORMED? |
| S | | | | | | | | | YES | □ NO D |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEA | 20b. DES | CRIBE HOW INJURY OCCL | JRRED. (E | nter noture of injury in | Port I ar Par | rt II of item 18.) | | | |
| | (IF EITHER, NOTIFY MEDICAL EXAMINE | R) | | | | | | | | |
| 3 | 20c. TIME OF INJURY Manth, Day, | Year 20d. II | NJURY OCCURRED 20e | | OF INJURY (Hame, far | | y or town) | (Co | ounty) | (Stote) |
| MEDICAL | Hour a.m. p.m. | 9 While | Not while | toctory | , street, office bldg., et | lc.) | | | | |
| 1 | | | - 11 | - 11- | 1-1-0 | 11 | 20/ | | | |
| | 21. I certify that I gttended to | he deceas | 1 | | 19.00 ta_12 | | 23, 1960 | | | |
| 2 | alive an | 3_, 19_ | 60_, and that de | eath ac | curred at 2 | M, fram | the causes an | d an the | date sta | ed abave. |
| | 0 70 | 0 | 1 | | | ADDRESS IS | treet, city ar town, | ptate) | du | ATE SIGNED |
| | SIGNATURE OF I | TILLY | MI N | M.D. | 16 men | 1051 | Cenul | where | Alle | 1424 |
| | | | | | | | | | | |
| | PHYSICIAN'S Dr. Ions | son | | 30 | 16 | Green | St. | | | |
| 220 | BURIAL, CREMATION, 226. DATE THE | | 22c. NAME OF CEMETER | RY OR CE | | | TION (City, town, | or county) | t | Stote) |
| | REMOVAL (Specify) Burial Apr. 25 | / - | | mor | | | umberlar | | 3 | , |
| 23 | FUNERAL DIRECTOR'S SIGNATURE | 1700 | ADDRESS | mor. | | D BY REGIS | | STRAR'S SIG | NATURE | |
| 1 | Byron Kight | Caamb | erland, Mo | 3 . | | APR 25 | | lithun S. | | |
| | DATOIL WIEITO | Canar | or rand, me | 4. • | DATE | AFR 43 | | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4095 CERTIFICATE OF DEATH

04052

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|----------------------|---------------|--|---|--------------|--|--------------------|---------------------|--------------------------|------------------------|---|-----------------|------------|---------------------|
| | 1, F | LACE OF DEATH | GANY | | MAR | YLAND | - CTATE | MARYLA | | l lived. If instituti b. COUNTY | | | nission) |
| | t | RURAL and give ne | | ls, write | c. LENGTH OF STAY | IN 1b | 10 | OWN (IF a | 0.00 | rate limits, write F | RURAL and give | nearest to | wn) |
|) | | | HOSPITAL SWARWICK | ive street | address) | | d. STREET A | | RYLAND | AVE. | | NO | ESIDENCE A FARM? |
| | | NAME OF DECEASED Type or print) | Fir KA | | Mc DONAL | | SMITH | | 4. DATE OF DEATH | APRI | | Day 5 | Yeor 19 60 |
| | S. S | MA LE | 6. COLOR OR RACE WHITE | 7. MAR | RIED NEVER MARR | | JANUARY | | 1888 | 9. AGE (In years last birthdoy) 72 yrs. | Manths Doy | _ | |
| | R 6 | etired Sa FATHER'S NAME | | | . KIND OF BUSINESS Candy Com | | | NSAS | 122 | ountry) | | S.A. | TCOUNTRY |
| | | JARRETT S | | crea la | COCIN CECURITY N | 17 1415 | MARY | CAL | WELL | Add | | | |
| | (Yes | | R IN U. S. ARMED FOR (If yes, give war or dates of s | | . SOCIAL SECURITY NO | | ORIAL F | IOSP 17 | TAL | CUMBERL | | RYLAN | 10 |
| Contract of the last | 7 | Canditions, if or gave rise ta is couse (o), sloting lying cause lost. | the <u>under-</u> DUE TO | Q | torsu | as | of ax | tes | io | uber | osis | Dr. | leofo |
| N | CERTIFICATION | 20a. ACCIDENT WA | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | 20 | SCRIBE HOW INJURY O | race | redent | -or | ~ 3- | -14-6 | VEN IN PART I(c | PER | FORMED? |
| 1 | -4 | | Y Month, Doy, Yes | While | INJURY OCCURRED Not while ork at work | 20e. PLAC focto | E OF INJURY (I | Home, farm bldg., etc | 20f. (City | or town) | (Coun | ity) | (Stote) |
| | ì | saw the deceas | t (I) (this haspital | etten Z=/ | ded the deceased 14-19-60 and | fram | 3,14 | 3: IC | | H-15 | | | ed abave. |
| Ì | | 22a. SIGNATURE | In f | We | lliam | Ø M. | | DI DI | ED. | STAFF PHYS. | | | 22b. DATE SIGNED |
| | | 22c. PHYSICIAN'S NAME (Type) | R. W. F. W | | AMS | | 22d. ADDRE | | | MBERLAND | | 4/5 | 5.60. |
| | | BURIAL, CREMATIO URPMDYAI (Specify) | | 196 | O Rose Hi | | crematory emeter | у | | non (City, town, | | (S | tote) |
| | - | funeral director harles L | | С | ADDRESS umberland | l, Md | • | | D BY REGIST | | ISTRAR'S SIGNA | | = 31: |

s after deoth. Page 4 may be second by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, crematian, or remayal, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP VR A1S (4) 1SM 9/59

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| YARADIA (F. S. | CKAPIN CITE 1 | | |
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| TRILLYRAN CHAPTER | ET A JAMIAON TOLIANE | | |
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VS. A15ME(5), 5M 9/55

| MARYLAND S | TATE | DEPARTMEN | NT OF | HEALTH- | BALTIMORE, | 1 |
|------------|------|-----------|-------|---------|------------|---|
| 409 MEDICA | L EX | AMINER'S | CERT | IFICATE | OF DEATH | |

Reg. Dist. No.

| I. PLACE | | | | MARYL | AND | 2. USUAL RESID | | | | institut DUNTY | | | | ission) |
|-----------------|--|------------------------------------|-------------|-----------------------------|-------------------|--|-----------|----------------|----------------|-------------------|------------|----------|-----------|---------------------|
| b. CIT | | llegany | RURAL | c. LENGTH OF STAY IN | | c. CITY OR TO | ary] | | porote limits, | write | | d give n | | wn) |
| | Cumberla | and | | 7 days | | X Rt. | # 7 | 0. | ldtown | | | | | |
| 1 | | | | pitol, give street address) | | Bear H | | | | | | | QN | ESIDENCE A FARM? |
| 3. NAMI | | eart Hosp | - | Middle | | Lost | | 4. DATE | | A4 AL | | | | |
| (Type | ASED or print) | James | | Alvin | | Stallin | es. | OF DEATH | | Month | | Doy 2 | | 960 |
| 5. SEX | 6 | COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | B. 1 | DATE OF BIRTH | | | 9. AGE (In ye | | IF UNDER | | IF UND | ER 24 HRS. |
| Ma | 10 | White | WIDOWE | DIVORCED |] - | 12/12/88 | | = //27 | 77 | yrs. | Months | Days | Hours | Min. |
| 10a. USU | AL OCCUPATION | | done 10b. K | IND OF BUSINESS OR IN | IDUSTRY | | E (State | or foreign o | country) | | 12. CIT | IZEN O | F WHAT | COUNTRY |
| | | rm Owner | | Farming | | | Mam | land | | | 1 34 | II S | Λ | |
| | ER'S NAME | THE L | | - I III III | | 14. MOTHER'S MA | | | | | | U.N | | |
| | Trea Int. a said | | | | | 3.6 | 01 | | - L | | | | | |
| 15. WAS | | L Stalling | | SOCIAL SECURITY NO. | 17. IN | PORMANT | y 51 | allin | - | dress | | | | |
| (Yes, no, or | r unknown) (If | yes, give war or dates of | service) | | | | 0 74 4 | Uann | | | ort | | | |
| No | | | | 0-10-2265 | Sac | cred he | art | nosp | ortar | UII | art | 1 1/ | | |
| 1B. C | | Enter only one cau NAS CAUSED BY: | se per line | for (o), (b), ond (c).] | | | | | | | | ONSE | ET AND DE | ATH |
| | | MEDIATE CAUSE (o) | | Pulmonary | Eml | bolism, | mass | ive | | | | 15 | -20 | Min. |
| | 465) | C DUE TO | | | | | | | | | | | | |
| Con | ditions, if any, | which) (b) | | Post oper | ativ | ve. foll | owin | g aor | tic re | sec | tion | 2 | day | 3 |
| | rise to immediat | e couse | | 2000 0002 | | | | | -10 10 | | 0-0-0-0 | | | |
| | stoting the und | erlying | | | | | | | | | | | | |
| - | | SIGNIFICANT CON | DITIONS CO | INTRIBUTING TO DEATH | BUT NO | OT RELATED TO TH | E TERMI | NAI DISEASE | E CONDITION | A GIVE | EN IN PAR | T 1(a) 1 | O WAS | ALITOPSY |
| 5 | | | | | | | | | | | | | PERFO | RMED? |
| 5 - | EVTERLIAL CALLER | | - M | tery diseas | | | | | | | | | YES K | но 🗆 |
| CAU | EXTERNAL CAUSE ARY OF CONTR SE OF DEATH. | IBUTING [] | b. DESCRIBE | HOW INJURY OCCURR | ED. (Enl | er noture of injur | y in Port | l I or Port II | of item 18.) | | | | | |
| WEDICAL 20c. | Hour o.m. | Month, Doy, Yeo | While | | - PLACE factor | OF INJURY (Hor y, street, office bl | me, form | 20f. (City | or town) | | (Co | unly) | | (Stote) |
| 21. | I certify that | I took charge | of the r | emoins described | above | e, held on A | utops | y 🕅 , Ir | nspection \ | VI. | Inqui | ry T | . ond | find tha |
| | | | | , Accident [], | | | | | ndetermin | ed co | _ | 1. | 14 | |
| | 0 | | | | 1 | | | | | | | | | |
| ACT | NATURE 6 | enedic | 151 | Estareles |) | M.U. | | AMINER | | | | | DATE S | HGNED |
| EYA | MINER'S | | | | | ASSISTANT | MEDIC | AL EXAMINE | R 🔲 | | | | | |
| | | enedict Sl | citare | lic. M.D. b | | DEPUTY ME | EDICAL I | EXAMINER 5 | Ap: | ril | 2. | 1960 | | |
| 220. EURI | IAL CREMATION. | 226. DATE THEREO | | 22c. NAME OF CEMETER | Y OR C | REMATORY | | 22d. LOCAT | TION (City, to | own, o | | | (Stot | e) |
| BI | OVAL (Specify) | Apr. 4, 1 | 960 | Mount Oliv | /e | Cemeter | ·V | | c Oldi | | | Md. | | |
| | RAL DIRECTOR'S S | IGNATURE | | ADDRESS | | | | D BY REGIST | | | TRAR'S SIG | - | RE | |
| | | yne Geor | ge, | Cumberland | 1, 1 | Md. | | | | | | | | |
| | | | | | | D | ATE AL | MD 5 16 | 60 | 0 | 11 0 | M | | |

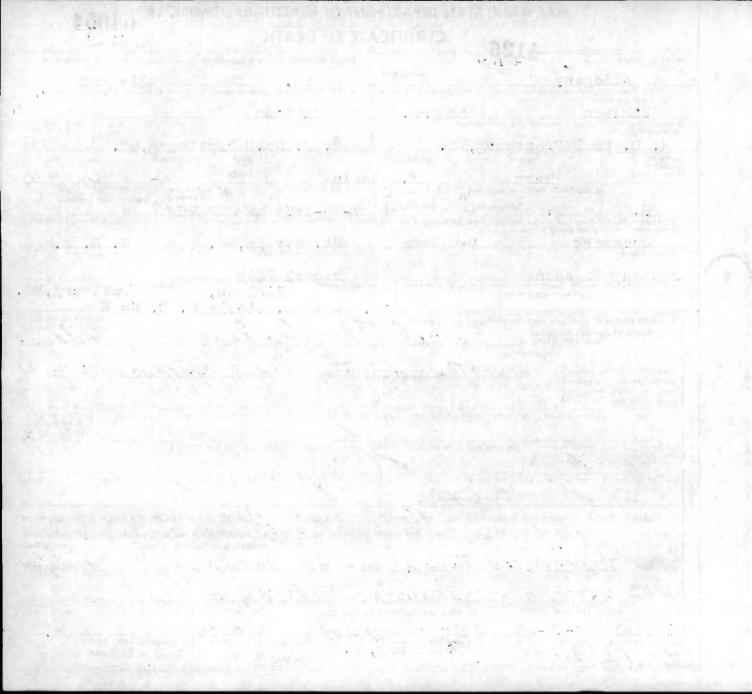
A CHRISTIAN STATE STRANGER'S CERTIFICATE OF DEATH

| | THE IS THE RESIDENCE | | | |
|-------------|---|---|--|--------------|
| | | | | MINIO STREET |
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| | Details Test | | | |
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| | wall tall east to all | | | |
| d pro- | en ennelve | e land to the one between | | |
| | a consideration and some fitting | | | |
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| Parkel I | | dict in oder to die provincier El distinci (El amblée + 1 di Organi | | |
| | Control and the second | | | |
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| | | ते विक्रिकास, १५, | , | |

MA

| RYLAND | STATI | E DEPART | MENT O | F HEALTH- | -BALTIMORE, | 18 | 1051 |
|--------|-------|----------|--------|-----------|-------------|----|-------|
| Item o | | | | | | | 04054 |
| | | CERTIFI | CATEO | F DEATH | | - | |

| | | 1, - | 196 | CERTII | ICA | IL OI L | LAII | | | Reg. Dist. | No. | |
|-----------------|--|--|--------------|----------------------------|----------|------------------|--------------------|------------------------|------------------|---------------|--------------|---------------------|
| 1. | PLACE OF DEATH | 2. | LAU | | | 2. USUAL RESI | DENCE (Who | ere deceased live | l. If institutio | n: Residence | before admi | ission) |
| | o. COUNTY | a const | | MARYL | AND | o. STATE | 16.3 | | b. COUNTY | | | |
| | b CITY OF TOWN (| egany f outside corporate limi | ts write | c. LENGTH OF STAY IN | J Ib | | Md. | utside corporate li | | PALeg | | wnl |
| | RURAL and give no | earest town) | 13, 11110 | C. LENOTH OF STATE | 1,0 | J. CIII OK | 101111 (11 01 | orside corporore in | iniis, wille ko | KAL dild give | 11601631 10 | , |
| | Zihlr | | | 50 yrs. | | | ihlms | n | | | | |
| | OR INSTITUTION | TAL (If nat in haspital, g | | | | d. STREET A | ADDRESS | | | | ON | A FARM? |
| | | lo 2 Fros | | - | | K. | D. No | 2 Fro | stburg | , Md. | 153 | _ 140 [|
| - | NAME OF DECEASED (Type or print) | Fir Mar: | | Middle | 2+0 | eele | st. | 4. DATE OF DEATH | Mont | | Doy 2.4 | Year 19 60 |
| 5. | SEX | 6. COLOR OR RACE | | RIED NEVER MARRIED | | DATE OF BIRT | н | 9. Ac | GE (In years | IF UNDER 1 Y | | |
| | F. | W. | WIDOWI | -Ch- | | 7-24- | | 1884 | t birthday) | Months Do | ys Hour | Min. |
| 10c | . USUAL OCCUPATION during most of war | ON (Give kind af work king life, even if retired | dane 10b. | KIND OF BUSINESS OR | INDUST | | | or foreign country | | 12. CITIZEI | OF WHAT | COUNTRY? |
| | Housev | vork | | Own Home | | Mt. | Sava | ge Md. | | II. | S. A | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | AME | | | | |
| | Anthony | Toggdon | | | | Doo | hel E | 1-71- | | | | |
| 15. | | R IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. | INF | ORMANT | | | Addre | 55 77 | . 4.7 | 3.0-2 |
| | | (If yes, give war or dates of s | | | | | 21 | hlman, | | Fros | tbur | g, Ma |
| | | | | | Mr | Jame | s I. | Steele | R. D. | No | 2 | |
| | 18. CAUSE OF DEA | ATH [Enter only one ca | use per li | ne for (o), (b), and (c).] | 2 - | 77 | 17 | - | | | INTERVAL I | BETWEEN |
| | PART I. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (o | . (| Onllrak | / | Mron | eloga. | as | | | 4/1 | |
| н | 411 | DUE TO | | | | | | | | | | 1 |
| н | 6 00 | V | / | 1,96 - | 1 | 3/ | 20 | 1 5/1 | Disen. | | 100 | , > |
| | Conditions, if o | |) | JUSEN 157 C | ans | e-ce | 11-6 | and V | uska | al) | 13 | me; s |
| | cause (o), stating | | | | | | | | | | / | |
| | lying couse last. |) (c |) | | | | | | | | | |
| Z | PART II. OTH | HER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEAT | H BUT N | OT RELATED TO | THE TERMIN | NAL DISEASE CON | NDITION GIVE | N IN PART 1 | (o) 19. WAS | S AUTOPSY ORMED? |
| ATI | | | | | | / | | | | | YES | |
| TIFIC | 20a. ACCIDENT WA | AS UNDERLYING | 20b. DES | CRIBE HOW INJURY OC | CURRED. | (Enter noture of | of injury in P | ort I or Port II af | item 18.) | | | |
| L CERTIFICATION | OR CONTRIBUTING | MEDICAL EXAMINER) | | | | | | | | | | |
| MEDICAL | 20c. TIME OF INJUR | Y Month, Doy, Ye | | | Oe. PLAC | E OF INJURY | Home, farm, | 20f. (City ar to | wn) | (Cou | inty) | (State) |
| AED | Haur a.m. | 19 | While at wor | k at work | rocto | ry, street, opic | e blag., efc. | | | | | |
| ~ | | | | | 7) | | 2 | 11.12.11. | | | | |
| | 21. I certify th | at I attended the | deceas | ed II dill | 0 | , 19/20 | _ | | , 1960,1 | | | |
| | alive an | 4/24 | , 19_ | 60, and that a | death o | accurred at | 7:30 P. | M, fram the | causes and | an the | date state | ed above. |
| | | 7 0,0 | | | | | | ADDRESS (Street, | city or town, s | tote) | D/ | ATE SIGNED |
| | ACTUAL SIGNATURE | tiante | 100 | that Ein | 44 | n 4 | P B | SOAD | 12A71 | | 4/5 | 6/60 |
| | JIONATUKE | | 10 | | M | | \$\$\tag{\partial} | | | | - Soft State | |
| | PHYSICIAN'S | 11 1776 14 | 01 | THETEIN | | 1 F | 20 00 | 01.06 | -14 | | | |
| | NAME (Type) | OKIN M | 100 | 1113/2/1 | 191 | 0, | 0571 | 2 LLK-5- | | 2 | | |
| 220 | P. BURIAL, CREMATIC REMOVAL (Specify) | N, 22b. DATE THEREC |)F | 22c. NAME OF CEMET | ERY OR | CREMATORY | | 22d. LOCATION | (City, town, o | r county) | (St | ote) |
| | Burial | 4-27-60 | 2 | Eckhart. | Ceme | tanz | | Eckhar | t. | | TM | ra. |
| 23. | EUNERAL DIRECTOR | S SIGNATURE HE | fer | L MINESTER T | Ome | | 24a. REC'E | BY REGISTRAR | 24b. REGIS | TRAR'S SIGN | ATURE | |
| 16 | 7 // | 1 W. TT | | Frestbu | T.8. | MICLO | DATMAY | 2 '60 | Cincle | M7 8. Th | ALLA | |
| 7 | rear! | Je yarr | ng | y | | | DOI MINE | | 1 | | | |
| | | | 0 | | | | | | | | | |



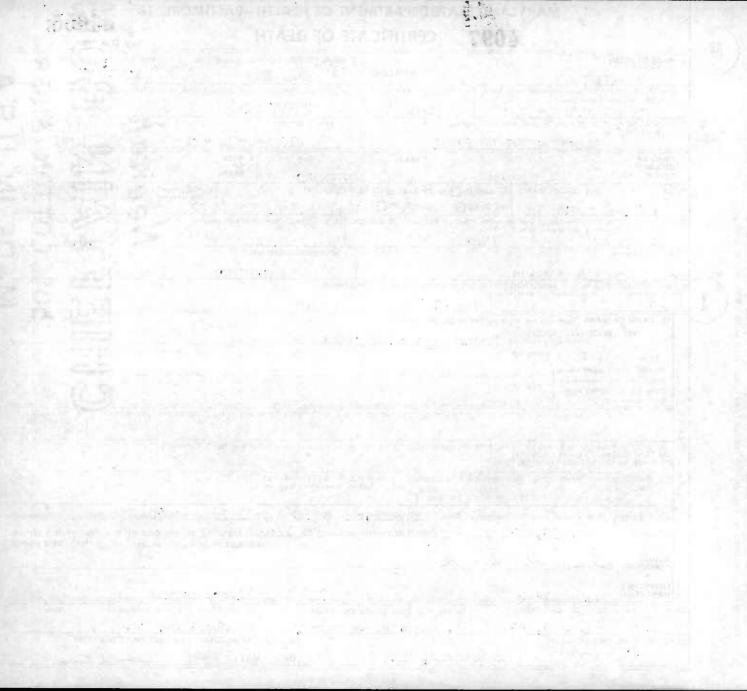
VS A1S (4) ISM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4097 **CERTIFICATE OF DEATH**

04055 Reg. Dist. No.

| 1 | 1. PLACE OF DEATH o. COUNTY | FYTATY | YE! | MARYL | | a. STATE | PYTA | | d lived. If instituti b. COUNTY | | MAN | re admiss | iion) |
|----|--|---|--------------|----------------------------|----------|--------------------|------------|----------------|------------------------------------|-----------|-----------|------------|------------|
| 1 | b. CITY OR TOWN (IF | autside carporate limi | ts, write | c. LENGTH OF STAY II | N 1b | | | | erate limits, write F | RURAL and | give ne | orest tawr | 1) |
| | RURAL and give ned | | | 50minut | .00 | 02 011 | BERL | AND | | | | | |
| ŀ | d. NAME OF HOSPITA | | ive street | | 065 | d. STREET A | | 28-40 | | | | e. IS RES | IDENCE |
| | OR INSTITUTION | | | | | / | | 0.1 | | | ON A FARM | | FARM? |
| - | | ACRED HEAR | T HO: | SPITAL | | | 10 P | ear St | reet | | | YES _ | ио 🔯 |
| 3 | 3. NAME OF DECEASED | Fir | st | Middle | | Las | | 4. DATE | Mar | nth | Do | , | Year |
| | (Type ar print) | MTT. | TON | A | | STEWARE |) | DEATH | 4 | | | 30 | 1960 |
| 1 | S. SEX | 6. COLOR OR RACE | 7. MAR | RIED THEVER MARRIED | 8. | DATE OF BIRTH | | | 9. AGE (In years | | | IF UND | ER 24 HRS. |
| | MATE | VHUTE | WIDOW | ED DIVORCED | | une 15. | 1004 | 100 | Jast birthday) 55 yrs. | Manths | Days | Haurs | Min. |
| Ī | 10a. USUAL OCCUPATIO | N (Give kind of work | dane 10b. | KIND OF BUSINESS OR | INDUST | RY 11. BIRTHPL | ACE (State | ar fareign a | | | TIZEN O | FWHATC | OUNTRY? |
| Т | Cab driver | ng life, even if retired |) _ | | | | | | | | | | |
| 1 | 3. FATHER'S NAME | | 1.5 | axi | | 14. MOTHER'S | W.V | | | | U | i.A | |
| T. | J. TATTIER S TRAME | | | | | 14. MOTHER S | MAIDEN | NAME | | | | | |
| 1 | | RD STEWARD | | | | | JOS | EPHINE | U | nknow | m | | (C) |
| 1 | S. WAS DECEASED EVER | IN U. S. ARMED FOR f yes, give war or dates of s | | SOCIAL SECURITY NO. | INF | ORMANT | | | Add | lress | | | |
| 1 |) No | | | 214 05 6604 | | CHAF | ρŢ | | | | | | |
| 1 | 18. CAUSE OF DEAT | TH Enter anly ane ca | use per li | ne far (a), (b), and (c).] | | | | | | | LINT | ERVAL 8E | TWEEN |
| | PART I DEAT | H WAS CALISED BY. | | | 1 | | | | | | ON | SET AND | DEATH |
| | 111 | - 60 | | onchogenic C | arci | THOME | | | | | + | | |
| | 1620 | DUE TO | | | | | | | | | | | |
| 1 | Canditians, if an | |) | | | | | | | | | | |
| ı | gave rise to immediate cause (a), stating the under- | | | | | | | | | | | | |
| | lying cause last. (c) | | | | | | | | | | | | |
| 1 | PART II. OTHE | R SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEAT | TH BUT N | OT RELATED TO | THETERM | INAL DISEAS | E CONDITION GIV | VEN IN PA | RT 1(a) 1 | 9. WAS | AUTOPSY |
| | N. C. | | | | | | | | | | - | | RMED? |
| | 20g. ACCIDENT WAS | UNDERLYING [| 20b. DES | CRIBE HOW INJURY OC | CURRED. | (Enter nature at | injury in | Part I ar Part | t II of item 18.) | | | | |
| | (IF EITHER, NOTIFY A | CAUSE OF DEATH | | | | | | | | | | | |
| | | Manth, Day, Yes | or 20d. II | NJURY OCCURRED 2 | | E OF INJURY (| | | ar tawn) | | (County) | | (State) |
| 1 | Haur a.m. | 19 | While at war | Nat while | racro | ry, street, affice | bldg., etc | :.) | | | | | |
| 1 | | | 1 | | | 61 | 7 | | | | | | - |
| | | | | ed from Novel | | | | | | | | | |
| | olive onAp | ril 39,196 | 0, 19_ | , ond that o | deoth o | occurred at_ | 12:0 | M from | the couses an | d on th | e date | stoted | obove |
| | 4 | 1 . h | 40 | () | | | | ADDRESS (St | treet, city ar tawn, | state) | | DAT | E SIGNED |
| ı | SIGNATURE | na M. | Ne | ick | м. | D | | | | | | | |
| ı | | | | | | | | | | | | | |
| Т | PHYSICIAN'S NAME (Type) (1-1 m | a M Glick | | | | 726 | N Sm | all woo | d Street | | | | |
| 2 | 20. BURIAL, CREMATION | | F | 22c. NAME OF CEMET | EDY OR | | | | ION (City, town, | | | (Stat | |
| 1 | REMOVAL (Specify) | | _ | _ | | | | | | ,, | | (5101 | o j |
| - | Burial | May 3,196 | U | St. Patricl | KS U | emeerer | | | erland, | | | | 4 |
| 1 | 3. FUNERAL DIRECTOR'S Byron K | | C7 | ADDRESS | | | | D BY REGIST | | STRAR'S S | IGNATU | KE | |
| L | , | 9 | Cumb | erland, Md. | | | DATE | MAY 5 | '60 | arthur | 8. 10 | iaud | |



VS A15 (4) 15M 10/57 04056

127 CERTIFICATE OF DEATH

| Dan | Dist. | Ma |
|-----|-------|----|
| | | |

| 416 | | | | Reg. D | ist. No. | | | | |
|--|---|---|---------------------------|--|-----------------|------------|--|--|--|
| 1. PLACE OF DEATH o. COUNTY Allegany | MARYLAND | 2. USUAL RESIDENCE (W | here deceased lived | d. If institution: Reside b. COUNTYALLE | nce before admi | ssion) | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C orriganville | c. LENGTH OF STAY IN 16 22 years | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Corriganville | | | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | oddress) | d. STREET ADDRESS e. IS RESIDION A FA | | | | | | | |
| 3. NAME OF First (Type or print) Elizabeth St | | Lost | 4. DATE OF DEATH A] | pril 5, 1 | .960° | Year 19 | | | |
| 5. SEX 6. COLOR OR RACE 7. MAR White WIDOW | ED DIVORCED | | 876 84 | t birthdoy) Months | Days Hours | | | | |
| 10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) HOUSEWITE | . KIND OF BUSINESS OR INDU | Derby, | |) 12. CI | USA | T COUNTRY | | | |
| Joseph Holt | | 14. MOTHER'S MAIDEN I | a Moody | | | | | | |
| | | NFORMANT Isa Stuckey | , Corri | Address ganville, | Md. | | | | |
| 1B. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 450 DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. (c) | Heart | Clros is general, rata 10 years IN NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTO | | | | | | | |
| TA I | CRIBE HOW INJURY OCCURRE | | | | PERFO | ORMED? | | | |
| | Not while fac | ACE OF INJURY (Home, form ctory, street, office bldg., etc | 20f. (City or to | wn) (| County) | (Stote) | | | |
| 21. I certify that I attended the decease alive an | 21. I certify that I attended the deceased from January, 1960, to April 1960, that I last saw the decease alive an April 1960, and that death occurred at 6 TM, from the causes and an the delte stated above DATE SIGNE SIGNATURE PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S | | | | | | | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF Apr. 7, 1960 | 22c. NAME OF CEMETERY OF PORTER CEME | | Hyndma! | City. fown. or county) | 1 (Sto | te) | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS Hyndman, Pa. | | D BY REGISTRAR | 24b. REGISTRAR'S SI | | | | | |

BE INOMETABLE STATE OF PERIODS AND STATE OF ALCOHOLDS CAMPAC TO RECOGNIZE AND RECOGNIZED TO THE PROPERTY OF THE PERSON OF THE Street and the street of the s a name of the state of the stat AND THE PROPERTY OF THE PARTY O THE RESERVE OF THE PARTY OF THE

TO HOSPIX DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Pr s after death. Page 4 moy be received by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removed that pages 1 and 2 should be filed with the Stote Board of Health priar to burial, cremation, ar remaval, and in any event, within a phaurs after death.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4098 CERTIFICATE OF DEATH

| 1. PLACE OF DEATH o. COUNTY ALLE | GANY | | MARYL | AND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY A LLEGANY | | | | | | | |
|--|--|--------------------|---|------|---|------------------------|--------------------------------------|-------------------------|----------------------------|--------------------|--|--|
| RURAL ond give no | | its, write | c. LENGTH OF STAY I | N 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOX 441, MT. SAVAGE, MARYLAND | | | | | | | |
| d. NAME OF HOSPH OR INSTITUTION. | RLAND, MD. MORTAL & W MORTAL & W | | oddress) | | d. STREET ADDRESS e. IS O YES | | | | | | | |
| 3. NAME OF DECEASED (Type or print) | Fii PATI | RICK | Middle J. | | SULL I VAN | 4. DATE OF DEATH | Mon A PR | | 30 | Yeor 19 60 | | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRI WIDOWE | D DIVORCED | | FEB. 17, 19 | 903 | 9. AGE (In years last birthdoy) yrs. | | YEAR IF UND | ER 24 HRS. Min. | | |
| Salesman 13. FATHER'S NAME | ing life, even if retired | Gr | kind of Business of ocery Fir | | CUMBERLAND, MD. 14. MOTHER'S MAIDEN NAME TERESA CALLAGHAN | | | | | | | |
| | THE PART OF THE PA | | | | | | | | | | | |
| | TH WAS CAUSED BY: IMMEDIATE CAUSE (composition of the composition of t | | p for (o), (b), and (c).] Ny Ola Dollar | nd | ial Fail | esse esse | | | INTERVAL BIONSET AND STAND | DEATH! | | |
| Iying couse lost. PART II. OTF | IER-SIGNIFICANT CON | 446 | cullage | Peu | NOT RELATED TO THE TERM FOR THE TERM (Enter noture of injury in | 2 | | /EN IN PART 1 | PERFO | AUTOPSY ORMED? | | |
| 20c. TIME OF INJUR Hour o.m. p. m. | | While | NJURY OCCURRED Not while of work | | CE OF INJURY (Home, farm ory, street, office bldg., etc | | or town) | (Cou | unty) | (Stote) | | |
| | 21. I certify that (I) (this haspital) attended the deceased fram | | | | | | | | | | | |
| 230. BURIAL, CREMATIO REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR Bendal H. My | 5-3-60 S SIGNATURE / H | lafer | Function | cks | Cemetery | Mt. D BY REGIST | | or county) STRAR'S SIGN | | | | |

TASE TO STADE STATE BY A STATE OF THE STATE AND THE SOURCE STREET Jarie on Lines. HWILLIAM . . W. 187.A. P 16 18081 .T1 . 279 and the same HERDILLAN AZASSTA STORY OF THE STORY on , and and and a second of the second of t

TO HOSPIL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the activation death. Page 4 may be resoned by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cabon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4099 CERTIFICATE OF DEATH

| | 1. PLACE OF DEATH o. COUNTY ALL | EGANY | | MARYL | AND | 2. USUAL RESIDENCE (WO. STATE MARYLA | | d lived. If instituti b. COUNTY | | GAN' | | ion) | |
|---|---|-----------------------------|-------------------------------|---------------------------|----------------|---|------------------------|---------------------------------------|-------------|----------|----------------------------------|------------------------|--|
| | b. CITY OR TOWN (If RURAL ond give near CUMBERLA | rest town) | its, write | 5 DAYS | V 1Ь | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG | | | | | | | |
| | d. NAME OF HOSPITAL ORMESMORIUM L MEMORIAL | HOSPYTAL WARWICH | | | | / DOV SE | | | | | | ON A FARM? YES NO | |
| | 3. NAME OF DECEASED | Fir | | Middle | | Last | 4. DATE OF DEATH | Moi | | Day | | fear | |
| - | (Type or print) | | IZA | C. | -1 | SWEENE | DEATH | APRI | IF UNDER | 1 VEAR | | 9 60 | |
| | FEMALE | WHITE | WIDOWE | NEVER MARRIED DIVORCED | | OCT • 9 | | 9. AGE (In years birthdoy) yrs. | Months | Doys | Hours | Min. | |
| | 10a. USUAL OCCUPATION during most of working | (Give kind of work | done 10b. | TRY 11. BIRTHPLACE (Stote | e or foreign c | ountry) | | | | OUNTRY? | | | |
| | Housewife | g me, even il remed | | wn Home | | SWANTON, | MD. | | U | .5. | A . | | |
| | 13. FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | - | | | | |
| | AQUIL | E SHARPLES | 35 | | | LUCINDA | PAUGH | 1 | | | | | |
| | 15. WAS DECEASED EVER | | | SOCIAL SECURITY NO. | 17, IN | FORMANT | - / - | Add | | | to N | | |
| | NO NO | yes, give wor or dates of s | service) | None | ME | MORIAL HOSPI | TAL | CUMBER | LAND, | MD | | | |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) (c) (b) (b) | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | gove rise to im couse (o), stoting the lying couse lost. | mediote e under· |) | CONTRIBUTING TO DEAT | TH BUT | NOT RELATED TO THE TERM | AINAL DISEAS | E CONDITION GI | VEN IN PAR | T 1(o) 1 | PERFO | AUTOPSY RMED? NO | |
| | | CAUSE OF DEATH | 20b. DES | CRIBE HOW INJURY OC | CURRED | . (Enter noture of injury in | Port I or Por | t II of item 18.) | | | | | |
| | Y 20c. TIME OF INJURY Hour o. m. p. m. | Month, Doy, Ye | ar 20d. II While at wor | Not while | | CE OF INJURY (Home, for ory, street, office bldg., et | | y or town) | (0 | County) | | (Stote) | |
| | 21. I certify that | (I) (this haspita | l) attend | led the deceased f | ram 2 | 12-8/6 0.19 | 2 , to_ | 4/3 | , 196 | 9 th | at (1) (v | we) last | |
| | saw the decease | d alive an_S/ | 13 | 19 6 and t | hat d | eath accurred a9:3 | 5PM ram | he causes a | nd an the | date | stated | abave. | |
| | 220. SIGNATURE | mol | /1. | | 1 | ATTENDING | 150 | CYAFE | - 35 | | 22b | DATE SIGNED | |
| | 1020v | 12/1/ | 1 | mon | / ^ | A.D. PHYS. | AED. DIRECTOR | STAFF PHYS. | 6 | 41 | 516 | 0 | |
| | 228 PHYSICIAN'S NAME (Typh | GEORGE S | IMONS | | | 22d. ADDRESS | 512232 | Hote | Cin | rhe | s-les | 1 | |
| | 23a. BURIAL, CREMATION | , 23b. DATE THEREC | OF | 23c. NAME OF CEMET | TERY OF | CREMATORY | 23d. LOCA | TION (City, town, | or county) | | (Stote | e) | |
| | REMOVAL (Specify) Burial | 4-6-60 | | Sunset M | emo | rial Park | Gumb | erland | Md. | | | | |
| | 24. FUNERAL DIRECTOR'S | SIGNATURE Ha | fer | Furrersal H | ome | | D BY REGIST | the same of the same of the same of | STRAR'S SIG | GNATUR | RE | 100 | |
| 1 | Beulah H. M | oulesay \$3 | Eas | t Main, Fr | ost | burg, MayeAf | PR 1 1 '6 | 0 a. | thus S. | Krau | E | | |

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| | FDUNG WIS LIBERT | | cos lantile su | |
| 11 7 000,000,000 | DAY (GROW JAMES) 3x | | | |
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| Rea. | Dist. No. | |

| | | 116 | | | | | | | Keg. | DIST. NO | | |
|--|-----------------------|------------------|------------------------------|----------|--|---------------|------------------------|--|-----------|-------------|--------------|--------------------|
| 1. PLACE OF DEATH o. COUNTY | gany | | MAR | YLAND | O CTATE | Mary] | | d lived. If institu | | idence befo | | sion) |
| b. CITY OR TOWN (If ou RURAL ond give neares | tside corporate limit | ts, write | c. LENGTH OF STA | Y IN 1b | | | | rote limits, write | | | | n) |
| Frostburg | | | 40 yr | S. | dd Fr | ostbu | irg | | | | | |
| d. NAME OF HOSPITAL (OR INSTITUTION | If nat in haspital, g | ive street o | address) | | d. STREET A | DDRESS | | | 100 | | ON A | SIDENCE A FARM? |
| Miners Ho | spital | | | | 96 | E. I | lain | | | | YES _ |] NO [] |
| 3. NAME OF DECEASED (Type or print) | ANGELA | it. | Middl | | TACCIN | | 4. DATE OF DEATH | April | onth | 7.0 | , | Year 19 60 |
| 5. SEX 6. | COLOR OR RACE | 7. MARR | IED NEVER MARE | | 8. DATE OF BIRTI | Н | | 9. AGE (In year | rs IF UN | DER 1 YEAR | | |
| F | W | WIDOWE | | _ | 8-24-1 | 901 | | lost birthday 58 yr |) Mont | hs Days | Hours | Min. |
| 10a. USUAL OCCUPATION (| Give kind of work | lane 10b. | KIND OF BUSINESS | OR INDU | STRY 11. BIRTHPL | ACE (Stote | or foreign co | ountry) | 12. | CITIZENO | F WHAT | COUNTRY |
| during most of working Housewif | | | Own home | | | Italy | No. | | | U.S | . A. | |
| 13. FATHER'S NAME | | | | 34-46 | 14. MOTHER'S | MAIDEN N | IAME | | | | | |
| Frank Gua | altieri | | | | Tere | sa N | oce | | | | | |
| 15. WAS DECEASED EVER IN | U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY N | 0. 1 | NFORMANT | | 000 | Ac | ddress | | | |
| No | None | - | None | Mr | . Arsh | ur Vs | lenz | ano, E | ckha | rt.N | d. | |
| Conditions, if ony, gove rise to imme cause (o), stating the lying couse lost. | under- DUE TO | 1 | grona Lighert | In | pro, | nse | res | | | 5 | ire | ay in sur |
| CATIC | | | ONTRIBUTING TO D | | and A | | | | OIVEN IN | PART 1(a) | PERFC YES | ORMED? |
| OR CONTRIBUTING (IF EITHER, NOTIFY MED | CAUSE OF DEATH! | 20b. DESC | CRIBE HOW INJURY | OCCURRE | D. (Enter noture o | f injury in F | Port I or Port | t II at item 18.) | | | | |
| 20c. TIME OF INJURY Hour o. m. | Month, Doy, Yea | While at work | Not while at work | | ACE OF INJURY (ctory, street, office | | | or town) | | (County) | | (Stote |
| 21. I certify that alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | stended the | decease 196 | od fram (19) | t death | M.D. | / // | M, from ADDRESS (St | the causes of the courses of the courses of the courses of the course of | and an | | state | |
| REMOVAL (Specify) Burial | 22b. DATE THEREO | | 22c. NAME OF CEA St. Mich | METERY C | | terv | _ / | ion (Gity, town stburg | , or coun | ty) | (Sto | |
| 23. FUNERAL DIRECTOR'S SI | GNATURE H | afer | Faneral | Hor | | | BY REGIST | RAR 24b. RE | GISTRAR'S | SIGNATU | RE | 1-01 |
| Quelah H W. | utesut 2 | 3 E. | Main Fr | | | DAPR 1 | 8 '60 | Ont! | ma 2. | though | | |

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TO HOSPIC DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 after death. Page 4 may be removed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with

the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 v4060

4100 **CERTIFICATE OF DEATH**

| | | | | | | | | Keg. Dis | 1. 140. | | | |
|---|--|----------------|-------------------------------------|------------------|---|------------------------|-------------------------------------|----------------------|-----------|---------------------|--|--|
| 1. PLACE OF DEATH o. COUNTY | | | | | ISUAL RESIDENCE (| Where deceased | d lived. If instituti | | e before | admission) | | |
| | llegany | | MARYL | AND | Maryland Allegany | | | | | | | |
| b. CITY OR TOWN (RURAL ond give n | If outside corporate limi eorest town) | its, write | c. LENGTH OF STAY I | N 1b | \(\tag{ \tag} \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \tag{ \ta | | | | | | | |
| Cumberl: | and | | 25 days | X | X Frostburg | | | | | | | |
| | TAL (tf not in haspital, g | | address) | 1 | d. STREET ADDRESS | | | | 1.3 | IS RESIDENCE | | |
| Sacred | leart Hospi | tal | | | Rt. #1, | Box 288 | | | | YES NO | | |
| 3. NAME OF DECEASED (Type or print) | Fir | | Middle | | Last | 4. DATE OF DEATH | Mor | | Doy 23 | Year | | |
| 5. SEX | 6. COLOR OR RACE | 18/ | | | Thrasher TE OF BIRTH | - | | ril | | 1960 UNDER 24 HR | | |
| J. 3EA | | | RIED NEVER MARRIED | | | | 9. AGE (In years last birthdoy) | - | - | Hours Min. | | |
| Female | White | WIDOWI | ED DIVORCED | $\square \mid 6$ | /7/16 | | 43 yrs. | | -,- | | | |
| 10a. USUAL OCCUPATION | ON (Give kind of work king life, even if retired | dane 10b. | KIND OF BUSINESS OR | INDUSTRY | 11. BIRTHPLACE (St | ote or foreign o | ountry) | 12.CITIZ | ZENOFY | VHAT COUNTRY | | |
| | e Wif |) | | - 337 | W. Va. | | | | U.S. | Δ | | |
| 13. FATHER'S NAME | E MITTO | | | 14 | MOTHER'S MAIDE | NI NIAME | | 1 | 0.0. | Α. | | |
| 13, TATTER 3 HAME | Falsa Valas | ځ ماء | | 1.4. | Emma Ro | | | | | | | |
| 15. WAS DECEASED EVE | John Kabr | 1 | SOCIAL SECURITY NO. | INFOR | | nerus | Add | lenes. | | | | |
| (Yes, no, or unknown) | (If yes, give war or dates of s | | SOCIAL SECURIT NO. | | | - | | | | | | |
| No | 7.00 | | | Husb | and- Jame | s Thras | her- add | dress | Same | | | |
| Conditions, if c gove rise to i couse (a), stating lying cause last. PART II. OT | the under- | ,001 | CONARY CONTRIBUTING TO DEAT | Scl | PELATED TO THE TE | - FIRTE | | ROTTE VEN IN PART | - 1 | PERFORMED? | | |
| PART II. OT | AS UNDERLYING CAUSE OF DEATH | 20b. DES | CRIBE HOW INJURY OC | CURRED. (En | IdISUL ter noture of injury | in Port I or Por | t II of item 18.) | | | res No | | |
| | MEDICAL EXAMINER) | | | | | | | | | | | |
| ZOc. TIME OF INJUI Haur a. m. p. m. | Y Month, Day, Ye | While | NJURY OCCURRED Not while k of work | | DF INJURY (Home, for street, office bldg | | or town) | (C | County) | (Stote | | |
| 21. I certify the alive an | at lattended the | deceas , 19 | | death acc | 7 1960, ta urred at / 39 | MM fram | the causes and treet, city or town, | nd an the | | | | |
| PHYSICIAN'S NAME (Type) | S.G. WZ | 151 | MAN | M.o. | COMB | ERLAI | VD A | TARY | IAN | <u> </u> | | |
| 220. BURIAL, CREMATIC REMOVAL OPECTY | 22b. DATE THEREC | | 22c. NAME OF CEMET | | | | TION (City, town, | or county) | | (Stote) | | |
| Dar rar | 1/60/1 | 006 | Sonset M | GINOI. | lal Park | Cumo | erland. | MD- | | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4101

CERTIFICATE OF DEATH

| | | | | | | Kea | . DIST. 140. | | |
|---|---|--------------------------------|------------------------|--|------------------------|--------------------------|-----------------------|---------------------------------------|--|
| PLACE OF DEATH O. COUNTY | Allegany | | MARYLAND | 2. USUAL RESIDENCE (VO. STATE | | | sidence before Allege | | |
| RURAL ond give | (If outside corporate limits nearest town) | , write c. | 6/25/58 | | f outside corporot | e limits, write RURAL o | ond give neare | st town) | |
| d. NAME OF HOSE OR INSTITUTION | PITAL (If nat in hospital, gi | | -1-/1 | d. STREET ADDRESS | d. STREET ADDRESS | | | | |
| 3. NAME OF DECEASED (Type or print) | County Infi | | Middle W | Lost | 4. DATE OF DEATH | April | 15° | YES NO 1960 | |
| 5. SEX | 6. COLOR OR RACE | | NEVER MARRIED | B. DATE OF BIRTH 1/10/1880 | 9. | AGE (In years IF UN Mont | | UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPAT | TION (Give kind of work dorking life, even if retired) | one 10b. KIN | | 11. BIRTHPLACE (SIO | e,West | | | VHAT COUNTRY? | |
| | William Tu | nnan | | 14. MOTHER'S MAIDEN | eth Ves | ach | | | |
| 1S. WAS DECEASED EV (Yes, no, or unknown) | /ER IN U. S. ARMED FORC (If yes, give war or dates of ser | vice) | | NFORMANT P.O.B llegany Co | ox 599 | Address C | | land, Mo | |
| Conditions, if gove rise to couse (o), stotin lying couse los | g the under- | Ge Cok | ueral ronic | Arterna | escli | erosio sis | | ? | |
| PART II. O PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF | THER SIGNIFICANT COND | LE CON | TRIBUTING TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE C | ONDITION GIVEN IN | | WAS AUTOPSY PERFORMED? (ES NO D | |
| | VAS UNDERLYING [2 IG [] CAUSE OF DEATH Y MEDICAL EXAMINER) | 206. DESCRIB | E HOW INJURY OCCURRE | D. (Enter noture of injury in | n Port I or Port II | of item 18.) | | | |
| 20c. TIME OF INJU Hour o. m p. m | . 10 | 20d. INJUI While of work | Not while fo | ACE OF INJURY (Home, for ctory, street, office bldg., e | | town) | (County) | (Stote) | |
| 21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | that I attended the 4/15/60 face of Dr. Jam | 3 | | occurred a8:15 L19 Gree Cumberl | ne St. | e causes and on | | | |
| 220. BURIAL, CREMATI REMOVAL (Specif Buria) | 22b. DATE THEREOF | 22 | Glendale Ce | | 22d. LOCATIO | N (City, town, or cour | nty) Marvlan | (Stote) | |
| 23. FUNERAL DIRECTO | R'S SIGNATURE Silcox | Cumber | ADDRESS | 24a. RE | C'D BY REGISTRA | | S SIGNATURE | | |

Allegeny

omberland 6/25/53

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Cincoles W. Clurcon Electron 15, 169 121e | 12/12/180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 |

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Dr. James B. Molesa - Cimberdand, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| | | 4102 M | | | | | | | Reg. | Dist. N | 0. | |
|---------------|--|-------------------------------|-------------------|-------------------------|---------|---|-------------------|---------------------------|-----------|----------|------------|-------------------|
| 7. | LACE OF DEATH | legany | | | | a. STATE Mar | | | | | | ission) |
| | | | | MARY | | g. SINIC THEET | yranu | b. COUNT | B.L. | rega | пу | |
| t | and give negrest town) | outside corporate limits, wri | IN RURAL | LENGTH OF STAY | IN 1b | 1 | | parate limits, write | RURAL o | and give | nearest to | own) |
| | Cumb | erland | | | | X Rur | al Cumb | erland | | | | |
| | NAME OF HOSPITA | AL OR INSTITUTION | (If not in hospit | al, give street address | 5) | d. STREET ADDRE | SS | | | | | A FARM? |
| | Memo | rial Hosp | ital | | ωï. | Rt. | 4, Cun | berland | | | | ON E |
| | NAME OF DECEASED | Fi | rst | Middle | | Last | 4. DATE | Mont | h | Day | 1 | fear |
| | Type ar print) | VIRGINIA | D | AMARTS | | TWIGG | OF DEATH | Apr | il | 27 | 1 | 1960 |
| 5. 9 | EX | 6. COLOR OR RACE | 1- | NEVER MARRIED | 8 🔲 | -09-31-09-3/3/3/0 | | 9. AGE (In years | | Total A | | ER 24 HRS. |
| | F | W | WIDOWED [| DIVORCED | o M | larch 23, | 1876 | lost birthday) 84 yrs. | Months | Days | Hours | Min. |
| 10a | USUAL OCCUPATIO | N Give kind of work | done 10b. KIN | D OF BUSINESS OR | 4 | RY 11. BIRTHPLACE (S | tote or foreign o | country) | 12. C | ITIZEN O | F WHAT | COUNTRY |
| 0 | Housewi | | | home | | Marylan | | | | JS. | A | |
| 13. | FATHER'S NAME | | O ITTL | 2101110 | | 14. MOTHER'S MAID | | | | 5 15 | rs. | |
| | Josia | h E. Eyle | r | | | Ilri | lla Cla | rk | | | | |
| | WAS DECEASED EVE | R IN U. S. ARMED FO | RCES? 16. SO | CIAL SECURITY NO. | 17. It | NFORMANT | 114 010 | Address | | | | |
| (Yes | no, or unknown) | (If yes, give war or dates of | service) | | | | 73 | | | , | 4 | 24.2 |
| | | TH [Enter only one ca | | None | FIFS | John W. | Davis, | Rt. 4, | Cumi | | RVAL BETW | Md. |
| | | H WAS CAUSED BY | | | 7 | | | | | ONS | ET AND DE | ATH |
| | 410 | IMMEDIATE CAUSE (o |) | oronary O | CCI | usion | | | | Sı | udde | n |
| | Continue it any which | | | | | | | | | | | |
| | Conditions, if ar | 10 | | Coronar | У | Sclerosis | | | | | | |
| | (o), stoling the u | | | | | | | | | | | |
| | couse lost. |) (c |) | | | | | | | | | |
| CERTIFICATION | PART II. OTH | ER SIGNIFICANT CON | IDITIONS CON | TRIBUTING TO DEATH | H BUT N | OT RELATED TO THE T | ERMINAL DISEAS | E CONDITION GIV | EN IN PA | ART 1(o) | | AUTOPSY ORMED? |
| 3 | | | | | | | | | | | YES 🗌 | NO 🔽 |
| RTIF | 20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH. | SE WAS | Ob. DESCRIBE H | IOW INJURY OCCUR | RED. (E | nter nature of injury in | Port I or Port II | of item 18.) | | | | |
| | CAUSE OF DEATH. | | | | | | | | | | | |
| MEDICAL | 20c. TIME OF INJUR | Y Month, Day, Ye | | | e. PLAC | CE OF INJURY (Home, ory, street, office bldg. | form, 20f. (City | or town) | (0 | county) | | (Stote) |
| MEC | Hour a.m. p. m. | 19 | While at work | Not while | 10010 | ory, sileur, ornes biog., | U.C., | | | | | |
| | 21. I certify th | ot I toak chorge | af the rea | mains described | abo | ve, held on Auto | opsy | nspection K, | Inqu | irv K | , and | find tha |
| | | fram: Natural | -07 | | | | | ndetermined o | - | | , | |
| | | | 10 | , | | | | | _ | | | |
| | ACTUAL | Personal of | 2 16,7 | tabal |) | M.D. CHIEF MEDICA | LI FXAMINER | 544 | | | DATE : | SIGNED |
| | SIGNATURE | unian | | care | | | DICAL EXAMINE | | | | | |
| | EXAMINER'S B | enedict S | kitare | lic. M D | | | CAL EXAMINER | _ | 1 0= | 10 | | |
| 220 | | | | | DV OP | | | | | | 060 | |
| 220 | | N, 22b. DATE THERE | | c. NAME OF CEMETE | | | 22d. LOCA | TION (City, town, | or county |) | (Stol | •} |
| 22 | Burial | 4/30/60 |) M | t. Tabor | Cen | netery | Alle | gany Co | | | Md. | |
| | FUNERAL DIRECTOR'S | | | | | 240. | REC'D BY REGIST | .00 | | | - | |
| U | onn J. Ha | ifer, Cumb | erland | , Md. | | DATE | MAY 2 | 00 | Irthur | A. TU | intell | |

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4103MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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| | | 0.3009 | |
|------|-------|--------|--|
| Reg. | Dist. | No. | |

| C. CITY OR TOWN (If outside corporate limits, write RURAL and end give recease there) Cumberland C. CITY OR TOWN (If outside corporate limits, write RURAL and end give recease the count of the county of the | ce before ad | lmission) | | | | | | | | | |
|--|-----------------------|--|--|--|-------------------|--------------------------|------------------|------------------|------------|--------------|---------------|
| 1 | 1 | | | | | Mar | J V-1 | | All | | |
| | and give nearest | fown) | e RURAL | | N 1b | , | | | | give nearest | lawn) |
| | | | | | | | | umberlan | d | | |
| A | d. NAME OF HO | SPITAL OR INSTITUTION | If not in hos | pital, give street address | | d. STREET ADDRESS | \$ | | | e, IS | RESIDENCE |
| 0 | | l Hospital | | | | Route 3, | Bedfo | rd Road | | YES | □ NO □ |
| | DECEASED | Fir | nt . | Middle | | Last | 4. DATE | Mont | h | Day | Year |
| | | | | The state of the s | The second second | NICK | DEATH | WOLTT T | 0, 196 | 60 | 19 |
| | 5. SEX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIED | □ 8. D | ATE OF BIRTH | | 9. AGE (In years | | | - |
| | | | | | LACE | | | 51 yrs. | Months D | lays Haun | Min. |
| | 100. USUAL OCCUP | ATION (Give kind of work | dane 10b. I | CIND OF BUSINESS OR IN | DUSTRY | | | country) | | | T COUNTRY |
| | _ | orking me, even ii remed) | \$el | f- employed | | Beryl, W | est 'i | rginia | 1 | JSA | |
| | | E | - Alakan | | 1 | 4. MOTHER'S MAIDER | N NAME | | | | |
| | | | | | | A III- | 41 | | | | |
| 1 | | | RCES? 16. | SOCIAL SECURITY NO. | | | arey | The Andreas | D 3.C- | . A Dec | - 3 |
| | [Yes, no, or unknown] | Iff yes, give war or dates of | | | | | | | | | |
| / | | | | | Mrs | . Vada Wa | rnick | Cumberl | and, I | | |
| | | | use per line | for (a), (b), and (c). | | | | | | INTERVAL BET | WEEN DEATH |
| | PART I. | | Allegany MARYLAND C. CENGTH OF STAY IN 16 G. BYS AL OR INSTITUTION (If not in hospital, give street address) AL OR INSTITUTION (If not in hospital, gi | | | | | | | | |
| | 420 | | | | | | | | | | |
| | Canditions | | | Scleros | is | and Thron | nhosis | | | - 1/2 | |
| | gave rise to in | nmediate cause | | 3020200 | | 2114 1111 01 | HOODID | | | | |
| | | ne underlying | | | | | | | | | |
| | | | | | | | | | | 1 | |
| | PARI II. | OTHER SIGNIFICANT CON | DITIONS CO | DNIKIBUTING TO DEATH | BUI NO | KETATED TO THE TEL | RMINALDISEA | SE CONDITION GIV | EN IN PART | | |
| - | 3 | | | | | | | | | YES D | ON] |
| | PRIMARY OF DEA | CONTRIBUTING [] | b. DESCRIBI | E HOW INJURY OCCURR | ED. (Ente | er nature af injury in l | Part I ar Part I | l of item 18.) | | | |
| | 3 20c. TIME OF I | NJURY Month, Day, Yes | or 20d. | NJURY OCCURRED 20e | PLACE | OF INJURY (Hame, fo | orm, i 20f. (Cit | y ar town) | (Caun | ity) | (State) |
| | Haur a. | | | | factory | , street, affice bldg., | etc.) | 755 10 | 100 | 100 | HARE |
| | | 1111 | | | obous | hold on Auto | T3 | | La sa San | | 1.00 |
| | | | | | | | - Named | | | y, one | I find the |
| | deoth resul | rea from: Noturol | causes B | Accident [], | Suicio | de [], Homici | de ∐, U | indetermined of | ouse | | |
| | | 12 , | 1 1 | 112 1 | | | | | | DAY | CICNED |
| | SIGNATURE_ | Denedici | 001 | Estareles | 1 | A.D. CHIEF MEDICAL | EXAMINER [| | | DATE | SIGNED |
| - | | | | | | ASSISTANT MED | ICAL EXAMIN | ER 🔲 | | | |
| | | Benedict | Skit | arelic M | D | DEPUTY MEDICA | AL EXAMINER | W (nnd | 7.70 | 7000 | |
| | 22g. BURIAL, CREMA | ATION, 226, DATE THEREC | | | | | | A DI | | | |
| | REMOVAL (Spe | D. CITY OR TOWN IF tende everywell kinds with ENDAR 1 C. LENGTH OF STAY IN 10 C. CITY OR TOWN, If the shade everywell kinds, which such a company the state of th | | | | | | | | | |
| | | | | | nur | | | | | | |
| | | | herla | | ad | | | | . 4.4 | | |
| | 301111 0 | in the same | | , , , , , , , , | | DATE | R 1 2 60 | 1 4 4 | 419 di. 11 | ALL PARTY | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4118 CERTIFICATE OF DEATH

Reg. Dist. No.

| - | | | | | | | | | | |
|---------------|---|--|--------------------------------------|------------|--|------------------------|---------------------------------|-------------|-----------------------|-------------------------------|
| | PLACE OF DEATH o. COUNTY | | MARYLA | 0 | SUAL RESIDENCE (| | lived. If institut b. COUNTY | | ce before ad | lmission) |
| | b. CITY OR TOWN (If outside corpor RURAL and give nearest town) | rote limits, write | LENGTH OF STAY IN | | CITY OR TOWN (| | ote limits, write l | | eganz give nearest | |
| | d. NAME OF HOSPITAL (If not in ho OR INSTITUTION 209 Maple S | | dress) | 1 | Frostburgs street Address 209 Map | | eet | | 0 | RESIDENCE N A FARM? |
| | NAME OF DECEASED (Type or print) NEL) | First | Middle M . | WTT.T | Last | 4. DATE OF DEATH | Apri | | Doy 29 | Year 19 60 |
| | | | D NEVER MARRIED | 8. DA | TE OF BIRTH | | 9. AGE (In years last birthday) | | | NDER 24 HRS. |
| re | J. USUAL OCCUPATION (Give kind of during most of working life, even if BOOKKEE) FATHER'S NAME | retired) | nd of Business or | NDUSTRY | | urg, M | untry) | | S.A. | AT COUNTRY? |
| | | liams | | -01 | ane Dav | | | | | |
| | WAS DECEASED EVER IN U. S. ARM ss. no, or unknown) No None | ED FORCES? 16. SC | None | Miss | MANT | | | | ostbu | rg, Md |
| NO | Conditions, if only, which | DUE TO (b) DUE TO (c) ST CONDITIONS CO | Hyper Lory NTRIBUTING TO DEATH | 1 BUT NOT | ngels Cles RELATED TO THE TER | OZLE RMINAL DISEASE | E CONDITION GI | VEN IN PAR | J 1 1(0) 19. W | AS AUTOPSY |
| TIFICATION | 20g. ACCIDENT WAS UNDERLYING | 20b. DESCR | IBE HOW INJURY OCC | URRED. (En | er noture of injury | in Port I or Port | 11 of item 18.) | | | REFORMED? |
| MEDICAL CERTI | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 20c. TIME OF INJURY Month, Do Hour o. m., p. m. | | _ Not while | | F INJURY (Home, fo treet, office bldg., | | or town) | (6 | County) | (Stote) |
| | 21. I certify that I attended alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | the deceased 1966 | fram /4 , and that d Lam | eath acc | , 19 , to Juris 201 15/ | ADDRESS (St | he causes a | nd on the | date sta | e deceased above. DATE SIGNED |
| 220 | BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) BURIAL 5-1 | | 22c. NAME OF CEMETE Frostburg | | | | ION (City, town, | | | (Stote) |
| 23. | FUNERAL DIRECTOR'S SIGNATURE | / | uneral Ho | me | 24a. RE | EC'D BY REGIST | RAR 24b. REG | STRAR'S STO | | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TION CERTIFICATE OF DEATH. The Mary State of the State of

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4119 CERTIFICATE OF DEATH

| | TI. | 10 | | | | | | | | | |
|---|---|---------------|----------------------------|------------|---|------------|--------------|---------------------|----------------|-------------------|------------|
| 1. PLACE OF DEATH | | | | 2. | USUAL RESIDENCE | E (Where | e deceased | | | before admission) | |
| All | Legany | | MARY | LAND | 2.5 | vla | nd | b. COUNTY | | gany | |
| b. CITY OR TOWN (If outside RURAL and give nearest to | le corporate limits, w | vrite c. LE | NGTH OF STAY | IN 16 | c. CITY OR TOWN | N (If outs | side corpore | ite limits, write f | RURAL and give | e nearest town) | |
| | stburg | L | ifetim | e | XX Fro | stb | urg. | | | | |
| d. NAME OF HOSPITAL (IF I | not in haspital, give | street addres | (5) | | d. STREET ADDRE | | | | | e. IS RESIDEN | RM? |
| | | | | | 162 | | | Street | | YES NO |) [4 |
| NAME OF DECEASED | First | | Middle | | Last | | OF OF | Moi | nth | Day Year | |
| (Type or print) | 011 | - | Mae | | Wilso | on | DEATH | Apri | | 20th, 19 | |
| . SEX 6. CC | DLOR OR RACE 7. | | | | ATE OF BIRTH | | 9 | ost birthdoy) | Months Do | | Min. |
| | 17.00 | DOWED 📉 | DIVORCE | | | th,1 | | 75 yrs. | | | |
| USUAL OCCUPATION (Givening most of working life | ve kind of work dane e, even if retired) | | | | | | foreign cou | intry) | | N OF WHAT COUN | NTRY |
| Housewife | | Own | housew | | Maryl | | | | U | SA | |
| 3. FATHER'S NAME | | | | 1 | 4. MOTHER'S MAI | DEN NA | ME | | | | |
| James Hans | son | | | 0.57 | France | s D | ugga: | | | | |
| 5. WAS DECEASED EVER IN U | . S. ARMED FORCES' | | AL SECURITY NO | . 17. INFO | | L tw | | | iress | al 211 | |
| | | 1213- | -09-657 | 1-A | J.Rob | t. 1 | Wilso | n,162 | Maple | St.F'b | g. |
| Conditions, if ony, which gave rise to immedicause (o), stating the unlying couse lost. | der- DUE TO | 14 | ype | rte | nsio | ٠ | | | | 2 year | V) |
| | SNIFICANT CONDITI | | | | | | 31-12 | | VEN IN PART 1 | PERFORME YES NO | ED2 |
| | DERLYING [] 20b JUSE OF DEATH (AL EXAMINER) | o. DESCRIBE | HOW INJURY O | CCURRED. (| Enter noture of inju | iry in Poi | rt I or Port | II of item 18.) | | | - |
| 20c. TIME OF INJURY Mo Hour o. m. p. m. | 10 | | OCCURRED Nat while of work | | OF INJURY (Home , street, office bld | | 20f. (City | ar town) | (Cou | unty) (| (Stote |
| 21. I certify that (I) | (this haspital) a | ttended tl | he deceased | fram/ | 1458 | . 19 | J. O. J. | gu ze | 1866 | that (i) (we) | las |
| saw the deceased a | live Hold | 20 | 1960 and | that dea | th accurred of | 145 K | Mam't | he causes a | nd an the c | date stated ab | ave |
| 22a. SIGNATURE | mch | ine | | M.D | ATTENDING PHYS. | MED | CTOR [| STAFF PHYS. | abe | 122/96/ | TE GNEI |
| 22c. PHYSICIAN'S NAME (Type) | O. McL | ane | | 11 | 22d. ADDRESS | Ma | ain S | t.,Fro | stbur | Md. | |
| 30. BURIAL, CREMATION, 23 | | | NAME OF CEM | ETERY OR C | | | | ON (City, town, | | (Stote) | |
| Buria 1 | 4-23-60 | | | | al Park | | Fro | stburg | | Md. | |
| 4. FUNERAL DIRECTOR'S SIGN | VATURE | 1 | ADDRESS | | 250 | REC'D | BY REGISTR | | ISTRAR'S SIGN | | |
| 1 11/ | Year X | Fro | stburg | . Md | DA | TE AP | R 25 | 60 | Inthun 8, | Kinus | |

1... verivesi libraria estra de la constanti de la . d'E. te elqui Sulymentin . Smon. V . 1-1771-20-513 ath property and the live in the live in The Committee of the Co The Market Market Street Co. Land Street Street Street Street Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany files. Health, o. STATE b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. for your fil 30 Minutes Westernport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 97 Main W. Va. Paper Co. Mill Yard. retained e Stote NAME OF 4. DATE First Lost DECEASED OF DEATH Robert (Type or print) Young Wilson April the 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH moy b last birthday) 5 moy 2 will hours Male White WIDOWED | DIVORCED [Give Pages 1, 2, and the form PM3. Page 5 File pages 1 and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) ile pages 1 or Machinist Moundry& Machine Westernport. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Wilson Sarah Watson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) pending" in penol in them 18. Cool Exominer's Office along with used as a buriol-transit permit. 7Hugh Wilson-Luke, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which Coronary Sclerosis gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY the word "pend Chief Medicol E 3 should be used 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) factory, street, office bldg., etc.) While Not while o. m. writing Poge of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection M. forwarded to DIRECTOR: Suicide . Hamicide . Undetermined manner opinian death resulted fram: Natural causes A Accident designoted ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 4 should be f O FUNERAL D ASSISTANT MEDICAL EXAMINER Benedict Skitarelic. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION_City, town, or county

ADDRES

40 VS. ALSME 5M 2/57

TREMOVAL TSpecify)

23. FUNERAL DIRECTORS SIGNATURE

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATU Carthur S. Kraus

Rea. Dist. No

Month

Address

e. IS RESIDENCE ON A FARM?

YES NO ST

Year

1950

IF UNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Sudden

PERFORMED?

DATE SIGNED

(Stote)

NOT

(Stole)

Hours

Doys

U.S.A.

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY ALLEGANY b. COUNTY MARYLAND ALLEGANY b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) HRS. FROSTBURG. RT. 1. d. NAME OF HOSPITAL (If nat in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO Y MINERS HOSPITAL NAME OF DECEASED First Middle 4. DATE Last Manth Day Year SAMUEL WINEBRENNER DEATH 20 (Type ar print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH last birthday) Manths Days MALE WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) RETIRED MARYLAND U.S.A. 13. FATHER'S NAME A. MOTHER'S MAIDEN NAME ISAAC MARGARET 17. INFORMANT 16. SOCIAL SECURITY NO. Address -10-9900 FROSTBURG HOUSEL. R.D. 2. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. m. While Nat while of work at wark 21. I certify that (1) (this hospital) attended the deceased from that (1) (we) last 19/06 and that Beath accurred 500 saw the deceased alive and M. fram/the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED. ATTENDING MED. STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) O. McLANE, M. MAIN ST. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) 23a. BURIAL, CREMATION, (Stote) REMOVAL (Specify) County, Md. Johnson's Cemetery Garrett 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR

FROSTBURG, MD.

TO FUNERAL DIRECTOR: 3 should page 3 sh the State E VR A15 (4) 15M 9/59

